

Florida Department of State

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Division of Corporations

Fax Number : (850)205-0383

Account Name . : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 : (305) 634-3694 Phone : (305)633-9696 Fax Number

DIVISION OF CORPORATION

EIGN LIMITED LIABILITY CO.

MELBOURNE-WRESTLERS, LLC

Certificate of Status	0
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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

### MELBOURNE-WRESTLERS, LLC

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

847 COQUINA WAY BOCA RATON, FL 33432

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

# PAUL SPEILLER 847 COQUINA WAY BOCA RATON, FL 33432

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature

## ARTICLE IV - Management (Check box if applicable).

•The Limited Liability Company is to be managed by one manager or more managers and

therefore a manager - managed company.

(An additional article/myst be added of an effective date is requested)

Signature of a member of an authorized representative of a member.

Signature of a higher of an authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true).

PAUL SPEILLER

MANAGING MEMBER

Typed or printed name of signee

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