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ELORIDA/FOREIGN LIMITED LIABILITY CO.

S & L Sports Cards, LLC

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Page Count	03
Estimated Charge	\$125.00 /
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Electronic Filing Menu

Corporate Filing Menu

Help

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FAX AUDIT # HOTOCOCOLOGIAL

ARTICLES OF ORGANIZATION OF S & L Sports Cards, LLC

ARTICLE I

NAME

The name of the limited liability company shall be: S & L Sports Cards, LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 9751 Las Casas Drive, Ft Myers, Florida 33919.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Salvatore Scarcella, 9751 Las Casas Drive, Ft Myers, Florida 33919. Located in the County of Lee.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2046.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Salvatore Scarcella, 9751 Las Casas Drive, Ft Myers, Florida 33919 Le Pich, 9751 Las Casas Drive, Ft Myers, Florida 33919

Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,

Madison, WI 53717

(608) 827-5300

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SECRETARY OF STATE DIVISION OF CORPORATIONS

FAX AUDIT # 40700000 6463

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: S & L Sports Cards, LLC

The name and address of the registered agent and office is Salvatore Scarcella, 9751 Las Casas Drive, Ft Myers, Florida 33919. Located in the County of Lee.

Having been named as registered agent and to accept service of process for the above stated company at the place designated in this certificate, I hereby accept the appointment in the control to the first term of the control term of the control terms of the cont 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 the state of the and I am familiar with and accept the obligations of my position as registered agent.

FAX AUDIT # 4