070000 46795

| (Req | uestor's Name) | |
|----------------------------|------------------|-------------|
| | | |
| (Add | ress) | |
| | | |
| (Add | ress) | |
| | | |
| (City | /State/Zip/Phone | e #) |
| | | |
| PICK-UP | WAIT | MAIL |
| | | |
| (Bus | iness Entity Nan | ne) |
| | | |
| (Doc | ument Number) | |
| | | |
| Certified Copies | Certificates | of Status |
| | | |
| Casaist tastements as to F | ::: O#: | |
| Special Instructions to F | ning Omcer. | |
| | | |
| | | ļ |
| | | |
| | | \ \ |
| | | MAX |
| | | Ju |

Office Use Only



000104719930

06/25/07--01027--020 **155.00

SECREDITY OF STATE

COVER LETTER

| TO: Registration Section Division of Corporations SUBJECT: (Name of Limited Liability Company) | 0 |
|---|--------------|
| The enclosed Articles of Organization and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Jennifer Kay | |
| Jennifer Ray's Fast Pitch Academy (LC) |) |
| _600 West Las Olas Blvd. #18035 | 1111 |
| _ 600 West Las Olas Blvd. # 18035 F. H. Laudendale Fl. 33312 | المديدة ا |
| For further information concerning this matter, please call: | |
| Jennifee Roy at (954) 524-0743 (Name of Person) at (954) 524-0743 (Area Code & Daytime Telephone Number) | |
| Enclosed is a check for the following amount: | |
| \$125.00 Filing Fee Status \$130.00 Filing Fee Status \$155.00 Filing Fee Status \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status Statu | |
| Mailing Address Registration Section Street/Courier Address Registration Section | |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Company is: | | | |
|---|--|--|--|
| Jennifer Rays Fast (Must end with the words "Limited Liability Company, "Limited | Pitch Academy LLC," or "LC.,") | | |
| ARTICLE II - Address: The mailing address and street address of the pri | ncipal office of the Limited Liability Company is: | | |
| Principal Office Address: | Mailing Address: | | |
| 8808 Morgan Landing Way Boynton Brach, Fl 33437 | 8808 Morgan landing Way Boynton Beach FL, 331,381 | | |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) | | | |
| The name and the Florida street address of the re | egistered agent are: | | |
| 8808 Morcan Florida Speet add | ess (P.O. Box NOT acceptable) | | |
| Boynton Beach | 1FL 33437 | | |

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..

(CONTINUED) Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (OPTIONATL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** or an authorized repr sentative 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.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

ARTICLE IV- Manager(s) or Managing Member(s):

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee