# L08000040544

(Requestor's Name)
(Address)
.(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

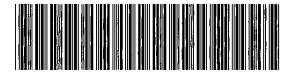
Special Instructions to Filing Officer:

A. LUNT

APR 23 2008

**EXAMINER** 

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# **COVER LETTER**

TO: Registration of Division of	on Section Corporations			
BIR	CO Holding Com	nany II C		-
SUBJECT: DIC	<del> </del>	ited Liability Company)		
The enclosed Article	es of Organization and fee(s) are	e submitted for filing.		
Please return all cor	respondence concerning this ma	tter to the following:		
Adam I	Miller, Esq.			
		(Name of Person)		
Frost E	Brown Todd LLC			
<del>-</del>	•	(Firm/Company)		
10 We	st Broad Street, S	uite 2300		
Amount Managed Market (1984) and the second second		(Address)	ZOOO SEC	
Colum	bus, Ohio 43215		CRET	77
<del></del>	(C	ity/State and Zip Code)	SSR 2	
Ear further informat	ion concerning this matter, plea	ca coll:	2 P	
roi futthet informat	ion concerning this matter, pied		15.25 15.35	D
Adam Mille		at ( 614 ) 559-7255 (Area Code & Daytime Telephon	0 H	
(N	ame of Person)	(Area Code & Daytime Telephon	e Númber)	
Enclosed is a chec	k for the following amount:			
\$125.00 Filing Fe	ee \$\sumsymbol{\sum}\sin\sin\sin\sin\sin\sin\sin\sin\sin\sin	Certified Copy Ce (additional copy is enclosed) Ce	60.00 Filing Fee, rtificate of Status rtified Copy ditional copy is enclo	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BIRCO Holding Company (Must end with the words "Lin	/ LLC nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
201 Bayshore Drive, SE St. Petersburg, Florida 33701	201 Bayshore Drive, SE Pro St. Petersburg, Florida 33701
ARTICLE III - Registered Agent, Re	egistered Office, & Registered Agent's Signature:
	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual car another
(The Limited Liability Company cannot serve as its	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual cor another
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual cur another s of the registered agent are:
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual cur another s of the registered agent are:
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are:
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address  D. Scott Poley  201 Bayshore	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual for another s of the registered agent are:
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address  D. Scott Poley  201 Bayshore  Florida	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual cur another s of the registered agent are:  Name  Drive, SE

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

Registered Agent's Signature (REQUIRED)

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

The name and address of each Manager or Managing Member is as follows:

MGRM	National Association of Professional Baseball Leagues, In
•	201 Bayshore Drive, SE
	St. Petersburg, Florida 33701
	TALL SEC
	CRETA
	TAR SS
	FS
(Use attachment if necessary)	ne date of filing: (OPTION.
LE V: Effective date, if other than th	on date of filing:

## **REQUIRED SIGNATURE:**

Signature of a member or 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.)

Adam L. Miller

Typed or printed name of signee

### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)