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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

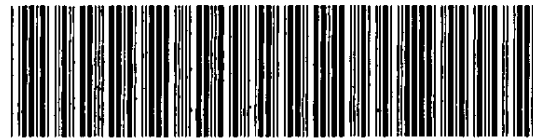
Special Instructions to Filing Officer:

A. LUNT

JUN 10 2008

EXAMINER

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2008 JUN -9 P 2:39  
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TALLAHASSEE, FLORIDA

LAW OFFICES  
BENNETT R. KLASKY & ASSOCIATES  
SUITE 500

555 SKOKIE BOULEVARD  
NORTHBROOK, ILLINOIS 60062

TELEPHONE (847) 480-1020- EXT. 5740

E-MAIL [bkasky@core.com](mailto:bkasky@core.com)

BENNETT R. KLASKY  
DIRECT LINE: (847) 897-5740

FACSIMILE  
(847) 480-5740

June 6, 2008

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

Re: Crossover Sports Solutions, LLC

Gentlemen:

Please find enclosed for filing The Articles of Organization for Crossover Sports Solutions, LLC to be filed in your office and a duplicate copy of the same. I am also enclosing the form Cover letter from your web site regarding the filing of the same. I am enclosing my firms check in the amount of \$160.00 which represents payment of the filing fee as well as a certificate of status and certified copy of the articles of organization.

After filing please return all of the documents to my office. Should you have any questions or comments please do not hesitate to contact me on my direct line (847) 897-5740.

Thank you in advance for your prompt attention to this matter.

Very Truly Yours,

Bennett R. Klasky & Associates



Bennett R. Klasky

cc: Timothy Hardaway

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Crossover Sports Solutions, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bennett R. Klasky

(Name of Person)

Bennett R. Klasky

(Firm/Company)

555 Skokie Blvd., #2 500

(Address)

Northbrook, IL 60062

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Bennett R. Klasky

(Name of Person)

at ( 847 ) 480-1020 ext. 5740  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Crossover Sports Solutions, LLC

(Must end with the words "Limited 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:

4000 Ponce De Leon #470

Coral Gables, FL 33146

#### Mailing Address:

same

### 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 registered agent are:

Timothy Hardaway

Name

4000 Ponce De Leon # 470

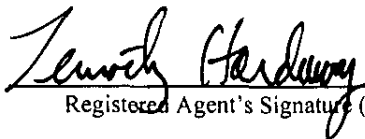
Florida street address (P.O. Box **NOT** acceptable)

Coral Gables FL 33146

City, State, and Zip

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*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 (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Timothy Hardaway

10050 SW 62nd Ave

Miami, FL 33151

MGRM

Paul Jacques LaRoche

10945 SW 119th Street

Miami, FL 33176

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: N/A (OPTIONAL)

(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:**



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.)

Timothy Hardaway

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)