

L08000062097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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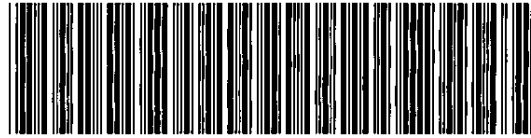
(Business Entity Name)

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08 JUN 25 PM 1:35
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TALLAHASSEE, FLORIDA

B. KOHR

JUN 25 2008

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 624645 4305352
AUTHORIZATION : *Spuddean*
COST LIMIT : \$ 125.00

FILED
08 JUN 25 PM 1:35
TALLAHASSEE, FLORIDA

ORDER DATE : June 25, 2008
ORDER TIME : 10:20 AM
ORDER NO. : 624645-005
CUSTOMER NO: 4305352

DOMESTIC FILING

NAME: STADIUM BUDDIES TWO, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper - EXT. 2948

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
OF
STADIUM BUDDIES TWO, LLC**

FILED
08 JUN 25 PM 1:35
STATE
TALLAHASSEE, FLORIDA

Pursuant to the Florida Limited Liability Company Act, Chapter 608 of the Florida Statutes (the "Act"), the undersigned states as follows.


1. **Company Name.** The name of the limited liability company is:

Stadium Buddies Two, LLC

(referred to below as the "Company").

2. **Registered Office and Agent.** The address of the Company's initial registered office in Florida is One Grove Isle Drive, Apartment 504, Coconut Grove, Florida 33133. The name of the Company's initial registered agent at that address is Barbara Sobel.

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.

By: 
Barbara Sobel

3. **Mailing and Street Address.** The mailing address and street address of the principal office of the Company is One Grove Isle Drive, Apartment 504, Coconut Grove, Florida 33133.

4. **Limitation of Liability.** To the fullest extent permitted by the Act, as the Act may be amended from time to time, no member or manager of the Company will be personally liable to the Company or its members for damages for breach of any duty owed to the Company or its members, except that this provision will not be deemed to relieve a member or manager from liability to the extent such relief is prohibited by the Act, as the Act may be amended from time to time. No repeal or modification of this Section 4 will eliminate or reduce the protection afforded by this Section 4 to a member or manager of the Company with respect to any matter which occurred, or any cause of

action, suit or claim which but for this Section 4 would have accrued or arisen, prior to such repeal or modification.

5. **Duration.** The term of the Company shall be perpetual.

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.

Date: May 22, 2008



Matthew R. Kaplan, Authorized Person