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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
•		,
PICK-UP	X WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
		,
· Special Instructions to	Filing Officer:	
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Office Use Only

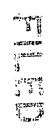


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TALLIANASSEE, FLORIDA

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COVER LETTER

то:	Registration S Division of Co						
SUBJ	ECT: Recrea	ation and Sports M				ion	s, LLC
		(Name of Limit	ted Liability	_ompa	iny)		
The en	iclosed Articles of	Organization and fee(s) are	submitted fo	r filing	5 -,		
Please	return all corresp	ondence concerning this mat	ter to the foll	owing	:		
	lan C. Wal	dron					
			(Name of Pers	son)			
	Recreation	n and Sports Man	agemen	t So	lutions	s, L	LC
			(Firm/Compa	ny)			
	6536 Man	O War Trail					
			(Address)				
	Tallahasse	ee, FL 32309					
		(Cìt	ty/State and Zi	p Code))		
For fur	ther information of	concerning this matter, pleas	e call:				
lan (C. Waldron		_ _{at (} _850	')	556-7	' 31:	3
	(Name	of Person)		a Code	& Daytime	c Tele	phone Number)
Enclos	sed is a check fo	r the following amount:					
\$ 125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Certifie (addition	d Cop	-	 i)	\$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	Reg Div Clir 266	gistration of fron Bu 1 Exec	urier Add on Section of Corpora uilding cutive Cen ee, FL 323	tions	irele

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Recreation and Sports Management 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:	Mailing Address:	
6536 Man O War Trail	6536 Man O War Tail	
Tallahassee, FL 32309	Tallahassee, FL 32309	
(The Limited Liability Company cannot ser business entity with an active Florida regis	address of the registered agent are:	
	Name	244
6536 Mar	n O War Trail	PH 12: 40
	Florida street address (P.O. Box NOT acceptable)	
Tallahass	ee, FL 3230 . 9	
	City, State, and Zip	

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)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Ian C. Waldron 6536 Man O War Trail Tallahassee, FL 32309 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ______. (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.)

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)

\$ 5.00 Certificate of Status (Optional)

Tan C. Waldon
Typed or printed name of signee