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**Effective Date** 06/25/09

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# FLORIDA/FOREIGN LIMITED LIABILITY CO.

## FLORIDA BASEBALL HEAVEN, LLC

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | $125.00 |

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**
The name of the Limited Liability Company is:

FLORIDA BASEBALL HEAVEN, 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:** |
|---|---|
| 804 WHEELER ST, | P.O. BOX 1997 |
| PLANT CITY FLORIDA | PLANT CITY, FLORIDA |
| 33563 | 33564 |

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are. Effective Date 06/25/09

MARK PERSAILS
Name

804 WHEELER STREET
Florida street address (P.O. Box NOT acceptable)

PLANT CITY FL. 33563
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

**(CONTINUED)**



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**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 | MARK PERSAILS<br>804 WHEELER ST<br>PALM CITY FLORIDA 34563 |
| | |
| | |
| | |

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 6/25/09 (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:**

Glenn Kemp CPA

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.)

GLENN KEMP CPA

Typed or printed name of signee



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