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| (Requestor's Name)                      |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |
|   |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
|   |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
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July 7, 2009

CESAR MARTINEZ 16003 SW 87TH TER MIAMI, FL 33193

SUBJECT: AMERICAN FRESCOBALL ASSOCIATION LLC

Ref. Number: W09000031210

We have received your document for AMERICAN FRESCOBALL ASSOCIATION LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 509A00023164

# **COVER LETTER**

| TO:             | Registration<br>Division of C           |   |   |  |
|-----------------|---|---|---|--|
| SUBJE           | ECT:                                    | American Fr   | escoball Association L  | LC   |
|                 |   | Name of Limite  | d Liability Company   |  |
| The en          | closed Articles                         | of Organization and fee(s) are s  | submitted for filing.   |  |
| Please          | return all corres                       | spondence concerning this matte   | er to the following:  |  |
|                 |   |   | sar E. Martinez Name of Person  |  |
|                 |   |   |   |  |
|                 |   | American Fre  | scoball Association LLC   |  |
|                 |   |   | Firm/Company  | 2009 JUL -6 SEGRE ARY TALLAHASSE   |
|                 |   | 1600  | 3 SW 87th TER   | <u> </u>   |
|                 |   |   | Address   | ARY<br>SSE   |
|                 |   |   | ni, Florida 33193   | AM 8: 34<br>OF STATE<br>E.F. ORIO  |
|                 |   | _   | /State and Zip Code   | 8: 34<br>TATE<br>ORIO  |
|                 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | E-mail address: (to be used for   | 007@yahoo.com or future annual report notification)   | <u> </u>   |
| For fur         | ther information                        | n concerning this matter, please  | call:   |  |
|                 |   | r E. Martinez<br>e of Person  | at ( 303 ) 5<br>Area Code & Daytime Tele  | 513-6403<br>phone Number   |
| Enclos          | sed is a check t                        | for the following amount:   |   |  |
| <b>]</b> \$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,<br>Certificate of Status &<br>Certified Copy<br>(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 O | s  |

Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Compa | ny is:  |
|---|---|
|   | Dall Association LLC I 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:  |
| 16003 SW 87th TER   | 16003 SW 87th TER   |
| Miami, FL 33193   | Miami, FL 33193   |
|   | tered Office, & Registered Agent's Signature Registered Agent. You must designate an individual or another with the registered agent are: |
| Cesar   | E. Martinez   |
|   | Name  |
|   | ington Ave # 507  |
| Florida street address                                    | s (P.O. Box NOT acceptable)   |
| Miami Beach, 331  |   |
| City, S   | tate, and Zip   |
| •   | nd to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as                   |

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)

## 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:

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member  | Name and Address:                                 |                                    |
|---|---|------------------------------------|
| Cesar E. Martinez MGRM  | 710 Washington Ave # 507<br>Miami Beach, FL 33139 |                                    |
| Jorge Pascual UGRM  | 345 Ocean Drive # 318<br>Maimi Beach, FL 33133    |                                    |
| Pedro Infante U6RH  | 345 Ocean Drive # 624<br>Miami Beach, FL 33139    | 2009<br>SEE                        |
| Arthur Besser MGRM  | 1407 Meridian Ave # 7<br>Miami Beach, FL 33139    | AHASSEE.                           |
| (Use attachment if necessary)   |   | TST &                              |
| ARTICLE V: Effective date, if other than the If an effective date is listed, the date must be or 90 days after the date of filing.) |   | (⊖PTIONAL) ive business days prior |
| 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.)

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)