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TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Tribe Volleyball Club LLC

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EXAMINER

FAX AUDIT # 4090001778253

**ARTICLES OF ORGANIZATION
OF
Tribe Volleyball Club LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Tribe Volleyball Club LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:
1768 Bay Drive, Pompano Beach, Florida 33027.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Dean Barboza, 1768 Bay Drive, Pompano Beach, Florida 33027. Located in the County of Broward.

ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Dean Barboza, 15841 Pines Blvd #178, Pembroke Pines, Florida 33027

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Date: July 27, 2009

Business Filings Incorporated, Organizer
Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,
WI 53717
(608) 827-5300

FAX AUDIT # 4090001778253

FAX AUDIT # 4090001778253CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **Tribe Volleyball Club LLC**

The name and address of the registered agent and office is Dean Barboza, 1768 Bay Drive, Pompano Beach, Florida 33027. Located in the County of Broward.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: Dean BarbozaDate: 8-1-09FAX AUDIT # 4090001778253