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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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B. KOHR

SEP 21 2009

EXAMINER

CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

DZ SPORTS, LLC

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Walk-In _____ Will Pick Up _____

____ Art of Inc. File_____
____ LTD Partnership File_____
____ Foreign Corp. File_____
✓ L.C. File_____
____ Fictitious Name File_____
____ Trade/Service Mark_____
____ Merger File_____
____ Art. of Amend. File_____
____ RA Resignation_____
____ Dissolution / Withdrawal_____
____ Annual Report / Reinstatement_____
✓ Cert. Copy_____
____ Photo Copy_____
____ Certificate of Good Standing_____
____ Certificate of Status_____
____ Certificate of Fictitious Name_____
____ Corp Record Search_____
____ Officer Search_____
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

D2 SPORTS, LLC

(... 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:**
17729 HAMPSHIRE OAK DR TAMPA, FL 33647	17729 HAMPSHIRE OAK DRIVE TAMPA, FL 33647

... Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent is:

DAVID A. ZIMROTH
Name

17729 HAMPSHIRE OAK DRIVE
Florida street address (P.O. Box NOT acceptable)

TAMPA FL 33647
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.

Dal A. Zimroth
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

Title: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
"MGR"	DAVID A. ZIMROTH 17729 HAMPSHIRE OAK DRIVE TAMPA, FL 33647

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.)

Signature of a member or an authorized representative of a member.
Del A. Zimroth
of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DAVID A. ZIMROTH
Typed or printed name of signee

Filing Fees:

$ 125.00 of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)