

LO 9000090883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

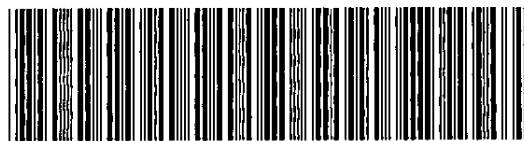
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500160623795

09/21/09--01032--007 **155.00

RECEIVED
09 SEP 21 AM 11:54
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 SEP 21 PM 2:16
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 21 PM 2:16

- ___ 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 _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

Signature _____

Requested by BAN Date 9/21 Time AM
Name _____

Walk-In _____ Will Pick Up _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 21 PM 2:16

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DZ SPORTS, LLC

(The Limited Liability Company, "LLC," 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 are:

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 603, F.S.

David 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.

David 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 signer

Filing Fees:

\$ 12.00 of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)