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| PICK-UP WAIT MAIL | | |
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| (Business Entity.Name) | | |
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| Certified Copies Certificates of Status = | | |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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09 OCT 16 AH 8: 52 SECRUTARY OF STATE TALLAHASSEE FLORIDA

COVER LETTER

| Division | of Corporations | |
|--------------------|---|--|
| SUBJECT: | Ba | ttle Athletics, LLC |
| | | ited Liability Company |
| The enclosed Art | icles of Organization and fee(s) are | e submitted for filing. |
| Please return all | correspondence concerning this ma | tter to the following: |
| | Je | ssica A. Tadlock |
| | | Name of Person |
| | Gary | & Regenhardt PLLC |
| | - | Firm/Company |
| | 8500 Lee | sburg Pike, Suite 7000 |
| | •• | Address |
| | Vi | enna, VA 22182 |
| | | ity/State and Zip Code |
| | jtad | lock@garyreg.com |
| | | for future annual report notification) |
| For further inform | nation concerning this matter, pleas | se call: |
| | Jessica Tadlock | at (703)848-2828 |
| | Name of Person | Area Code & Daytime Telephone Number |
| Enclosed is a ch | neck for the following amount: | |
| | Fee \$\int_\$130.00 Filing Fee & Certificate of Status | S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (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 Circle Tallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | | |
|---|--|--|--|
| The name of the Limited Liability Company is: | | | |
| Battle Athletic | os, LLC | · | |
| (Must end with the words "Limited Liabil | ity Company," "L.L.C.," or "LLC,") | | |
| ARTICLE II - Address: The mailing address and street address of the pr | incipal office of the Limited Lia | ability Company is: | |
| Principal Office Address: | Mailing Address: 3822 Papaya Street | | |
| 3822 Papaya Street | | | |
| St. James City, FL 33956 | St. James City, FL 33956 | | |
| The name and the Florida street address of the r Corporation Serv Name 1201 Hays | rice Company | | |
| Florida street address (P.O. | | | |
| Tallahassee FL 32301 | FL | | |
| City, State, as | nd Zip | | |
| Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registered. Registered Agent's Signat Doreen S. Haeselin, Asst | his certificate, I hereby accept the v. I further agree to comply with rformance of my duties, and I and stered agent as provided for in C. when the control of the control | e appointment as the provisions of all n familiar with and | |
| (CONTIN | UED) | ASSE AARY ALARA A | |

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> | Name and Address: | |
|------------------------------------|---|--|
| "MGR" = Manager | | |
| "MGRM" = Managing Mem | per | |
| MGRM | Jerry W. Torres | |
| | 3822 Papaya Street | |
| | St. James City, FL 33956 | |
| MGRM | Matthew C. Larsen | |
| | 1111 13th Street | |
| | Columbus, GA 31901 | |
| | | |
| | | |
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| <u> </u> | | |
| | | |
| (Use attachment if accessed) | | |
| (Use attachment if necessary) | 1 | |
| CLE V: Effective date, if other | than the date of filing: (OPTIONAL) | |
| | must be specific and cannot be more than five business days p | |
| 90 days after the date of filing.) | // | |
| REQUIRED SIGNATURE | \sim // | |
| | (Ah | |
| | | |
| Signature of | a member or an authorized representative of a member. | |
| (In accordance | e with section 608.408(3), Florida Statutes, the execution | |
| of this docur that the facts | nent constitutes an affirmation under the penalties of perjury stated herein are true.) | |
| | Jerry W. Torres | |
| | | |
| | Typed or printed name of signee | |
| Filing Fees: | | |
| | Typed or printed name of signee | |
| | Typed or printed name of signee s of Organization and Designation | |

\$ 5.00 Certificate of Status (Optional)