

Division of Corporations

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To:

Division of Corporations

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From

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305)634-3694

Fax Number

: (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

TAYLOR MADE ATHLETICS, LLC

| Certificate of Status | 0 |
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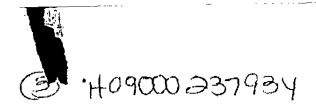
11/9/2009

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https://efile.sunbiz.org/scripts/efilcovr.exe

MENUS COBB KIT



| ARTICLES OF ORG | ANIZATION FURFL | LORIDA LIMITED LIABILITY COMPANY |
|---|-----------------------------------|---|
| ARTICLE I - Name: The name of the Limite | ed Liability Company is: | |
| (Must en | Taylor Made Ath | letics, LLC |
| ARTICLE U - Address and The mailing address and | | rincipal office of the Limited Liability Company is |
| Principal Office Addr | <u>'ess:</u> | Mailing Address: |
| 2525 PONCE DE LE FLOOR 5 CORAL GABLES, FL | | SAME |
| ARTICLE III - Regist (The Limited Liability Compar business entity with an antive | ry cannot serve as its own Regist | l Office, & Registered Agent's Signature: tered Agent. You must designate an individual or another |
| The name and the Flori | da sweet address of the r | egistered agent are: |
| | EMERY 8. | SHEER |
| | Name | |
| | 2525 PONCE DE | LEON BLVD |
| - 1 / 1 / 1 | Florida street address (P.O. | Box NOT acceptable) |
| C | ORAL GABLES 33134 | <u> </u> |
| | City State or | nd 7in |

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)

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| Title: "MGR" → Manaş "MGRM" = Man | | Name and Address: | | |
|---|---|---|-------------------|------------|
| MGRM | _ | Jermaine Taylor 2625 PONCE DE LEON BLVD 5 FL CORAL GARLES 33134 | | |
| | | | | |
| | - | | | |
| (Use attachment | if necessary) | | | |
| ARTICLE V: Effective (If an effective date is lis) to or 90 days after the da | ted, the date must be sp | te of filing: (OPTIO) pecific and cannot be more than five business d | VAL) lays prio | H |
| <u>REQUIRED</u> SIG | 270 | r an authorized representative of a member. | | |
| | (In accordance with section | n 608.408(3), Florida Statutes, the execution les an affirmation under the penalties of perjury | | |
| | E! | MERY B. SHEER | | |
| | Typed | or printed name of signes | | |
| Fline Fees: | • | | 0 | = |
| of Regi | ee for Articles of Organiz | ntion and Designation | VON 60 | O MOTELATE |
| | d Copy (Optional) ate of Status (Optional) | | 9 | 2 |
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