

Corporate

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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

**L. SELLERS**

FEB 18 2010

From:

Account Name : CSH SERVICES, LLC  
Account Number : 120070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

**EXAMINER**

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Tampa Bay Sports Training Afterschool Recreation Station (STARS), LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

TAMPA BAY SPORTS TRAINING AFTERSCHOOL RECREATION STATION  
(STARS), LLC**ARTICLE II ADDRESS**

The principal office of the Limited Liability Company is:

2774 APPLEWOOD DRIVE  
CLEARWATER, FLORIDA 33759

The mailing address of the Limited Liability Company is:

PO BOX 973  
SAFETY HARBOR, FLORIDA 34695**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

OTIS C DIXON  
2774 APPLEWOOD DRIVE  
CLEARWATER, FLORIDA 33759

Having been named as registered agent 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.



OTIS C DIXON / Registered Agent's signature

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TAMPA BAY SPORTS TRAINING AFTERSCHOOL RECREATION STATION  
(STARS), LLC

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER

OTIS C DIXON

PO BOX 973

SAFETY HARBOR, FLORIDA 34695

MANAGING MEMBER

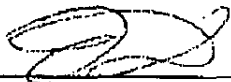
BROOKE DIXON

PO BOX 973

SAFETY HARBOR, FLORIDA 34695

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X



Signature of a member or an authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

OTIS C DIXON

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