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EXAMINER



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SECRETARY OF STALLE DIVISION OF CORPORATION

COVER LETTER

Registration Section

Division of Co	rporations			
SUBJECT: A Sporti	ng Chance, LLC			
SUBJECT: // Opera		ed Liability Compa	any	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing	3 .	
Please return all corresp	ondence concerning this matt	er to the following	;	
Julia A. Ingra	m			
		Name of Person		
A Sporting Ch	nance, LLC			
		Firm/Company		
1308 Wooding	gham Ct.			
		Address		
Rockledge, Fl				
	City	y/State and Zip Code	;	
don74@bellso	outh.net E-mail address: (to be used f	or future annual repo	ort notification)	
For further information	concerning this matter, please	-	,	
Julia A. Ingram		at (321	₎ 632-3051	
Name	of Person	Area Code	& Daytime Tel	lephone Number
Enclosed is a check for	or the following amount:			
□\$125.00 Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	□\$155,00 Filin Certified Cop (additional copy	рy	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Addression Section of Corporation uilding secutive Center see, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	. in
The name of the Limited Liability Company	/ IS:
A Sporting Chance, LLC	
	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	e principal office of the Limited Liability Company is:
The maning address and street address of the	e principal effice of the Eminted Entering Company is.
Principal Office Address:	Mailing Address:
1308 Woodingham Ct.	1308 Woodingham Ct.
Rockledge, FL 32955	Rockledge, FL 32955
	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of t	he registered agent are:
Julia A. Ingram	조 하지
Na	ame \mathcal{L}
1308 Woodingham Ct	
Florida stree	t address (P.O. Box NOT acceptable)
Rockledge, FL 32955	t address (P.O. Box NOT acceptable)
Rockledge, FL 32955	

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.

Lulea U. Amnam Registered Agent's Signature (REQUIRED)

(CONTINUED)
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:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Membe	r
MGR	Julia A. Ingram
	1308 Woodingham Ct.
	Rockledge, FL 32955
MGRM	Donald B. Ingram
	1308 Woodingham Ct.
	Rockledge, FL 32955
·	
(Use attachment if necessary)	
LE V: Effective date, if other the	nan the date of filing: (OPTIONA
	nust be specific and cannot be more than five business day
days after the date of filing.)	
REQUIRED SIGNATURE:	
_	
1,0	ia a. Angram
	ALL COLL VILLAM WAY!

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Tulia A. Ingram
Typed or printed flame of signee