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Certified Copies		Ce	ertificate	s of :	Status	s
Special Instructions	to F	iling Of	ficer:			

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G. MCLEOD

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EXAMINER



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COVER LETTER

TO: Registration Division of C			
surrect. Highma	ark Sports Management	LLC	
Sobsite 1.		d Liability Company	
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing.	
	pondence concerning this matte	•	
David A. Hig	ihmark		
David A. Fill	minark	Name of Person	
Highmark S	ports Management, LLC		
		Firm/Company	
7671 Pebbl	e Creek Circle, Unit 404	I	
		Address	
Naples, Flori			
alandal (Albaha)	ŕ	/State and Zip Code	
david@nighi	marksm.com E-mail address: (to be used fo	r future annual report notification)	
For further information	concerning this matter, please	call:	
David A. Highmar	k	000 0107	
	of Person	at (602) 999-2137 Area Code & Daytime Tele	phone Number
Enclosed is a check f	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center C	ircle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	S:		
Highmark Sports Management, LLC (Must end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited	Liability Company	y is:
Principal Office Address:	Mailing Address:		
7671 Pebble Creek Circle, Unit 404 Naples, Florida 34108	7671 Pebble Creek Circl Naples, Florida 34108	e, Unit 404	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regional business entity with an active Florida registration.) The name and the Florida street address of the David A. Highmark	istered Agent. You must designate an inc		
Nam	e	AHAR T	ŀ
7671 Pebble Creek Circle	The state of the s	ARY SSE	
	idress (P.O. Box NOT acceptable)	<u>्र</u> ून द्ध <u>ग</u>	
Naples	idress (P.O. Box <u>NOT</u> acceptable) FL34108 State, and Zip	FR STATI	

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGPM" = Managing Momber	Name and Address:
"MGRM" = Managing Member	
MGRM	David A. Highmark 7671 Pebble Creek Circle, Unit 404 Naples, Florida 34108

(Use attachment if necessary)	
LE V: Effective date, if other thate the date is listed, the date in	en the date of filing: (OPTION ust be specific and cannot be more than five business d
LE V: Effective date, if other that fective date is listed, the date in days after the date of filing.) REQUIRED SIGNATURE:	ust be specific and cannot be more than five business d
rective date is listed, the date m days after the date of filing.) REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any faise	ust be specific and cannot be more than five business described and authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
LE V: Effective date, if other that fective date is listed, the date m days after the date of filing.) REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any taise	nember or an authorized representative of a member. or 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
LE V: Effective date, if other that fective date is listed, the date m days after the date of filing.) REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document funder the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)