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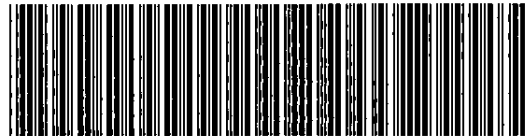
(Business Entity Name)

(Document Number)

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T. CLINE

JUL - 5 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pro Performance Baseball School, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael P. Celli

Name of Person

Pro Performance Baseball School, LLC

Firm/Company

8547 Shawe Way

Address

Boca Raton, FL 33433

City/State and Zip Code

ppbaseballscool@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael P. Celli

Name of Person

at (954) 593-6429

Area Code & Daytime Telephone Number

Enclosed is a check for 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
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FL 32301

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**ARTICLES OF ORGANIZATION
OF
PRO PERFORMANCE BASEBALL SCHOOL, LLC**

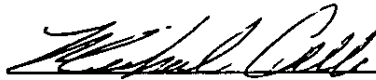
ARTICLE I. Name: The name of the Limited Liability Company is PRO PERFORMANCE BASEBALL SCHOOL, LLC (the "Company").

ARTICLE II. Address: The mailing address of the principal office of the Company is 8547 Shawe Way, Boca Raton, Florida 33433. The street address of the principal office of the Company is 8547 Shawe Way, Boca Raton, Florida 33433.

ARTICLE III. Registered Agent, Registered Office & Registered Agent's Signature: The name and the Florida street address of the Company's registered agent are:

Michael Celli
8547 Shawe Way
Boca Raton, Florida 33433

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 in Chapter 608, Florida Statutes.


Michael Celli

ARTICLE IV. Management: The Company is to be managed by one or more managers and is, therefore, a manager-managed company. The name and address of the initial manager is:

Michael Celli
8547 Shawe Way
Boca Raton, Florida 33433

17 **IN WITNESS WHEREOF,** the undersigned has executed these Articles of Organization this day of June, 2011.


Michael Celli, Authorized Person

(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.)