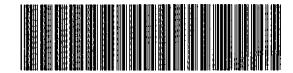
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Certified Copies	Certificates	s of Status	
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EFFECTIVE DATE 10811

TALLAHASSEE FLORID

B. BOSTICK

OCT 1 4 2011

EXAMINER

COVER LETTER

TO: Registratio Division of	n Section Corporations		
_{SUBJECT:} Figh	nt Sports Naples		
	Name of Limit	d Liability Company	
The enclosed Article	s of Organization and fee(s) are	ubmitted for filing.	
Please return all corr	respondence concerning this mat	er to the following:	·
Thomas	s Leithauser		
_		Name of Person	
Fight S	ports Naples	,	
		Firm/Company	
921 Sc	ott Dr.		
		Address	
Marco Is	land, FL 34145		
	Cit	/State and Zip Code	
Kalimoxo	@aol.com		
	E-mail address: (to be used	or future annual report notification)	
For further informati	on concerning this matter, please	call:	7
Thomas		at (239) 777-9859	SEUR LANG
Na	me of Person	Area Code & Daytime Telephone Nu	mber 5
Enclosed is a check	k for the following amount:		Sign w
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	icate of Status & State Copy onal 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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANTICLES OF CHOATIZATION FOR		ZIVII ZILLI
ARTICLE I - Name:		
The name of the Limited Liability Company	is:	
Fight Sports Naples, LLC		
(Must end with the words "Limited !	iability Company, "L.L.C.," or "LLC.")	_
ARTICLE II - Address:		
The mailing address and street address of th	e principal office of the Limited Liability	Company is:
5	,	1 7
Principal Office Address:	Mailing Address:	
3526 Plover Ave.	921 Scott Dr.	
Naples, FL 34116	Marco Island, FL 34145	<u> </u>
		
ADTICLE III Designated Agent Designate	awad Office & Degistered Agent's Sign	atura
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R		
business entity with an active Florida registration.)		
The name and the Florida street address of t	he registered agent are:	7
Thomas Leithauser	AL.	50 11
	ame A	11 001 13
921 Scott Dr.	(2) - [1] -	ें ८० हम्म
	t address (P.O. Box <u>NOT</u> acceptable)	P IT
Marco Island	FL 34145	

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR MGR	Thomas Leithauser 921 Scott Dr. Marco Island, FL 34145	
MGR	Keri Leithauser 921 Scott Dr.	ASECH OCT
	Marco Island, FL 34145	SEEE, FLO
		กาย พาย A
(Use attachment if necessary)		
TICLE V: Effective date, if other that an effective date is listed, the date mor 90 days after the date of filing.)	an the date of filing: 10/08/2011 oust be specific and cannot be more tha	(OPTIONAL) n five business days prio
REQUIRED SIGNATURE:		

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Thomas Leithauser

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)