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| | (Requestor's Name) | |
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| | (Address) | |
| | (Address) | |
| | (City/State/Zip/Phone #) | |
| III PICK-U | JP WAIT | MAIL |
| | (Business Entity Name) | |
| | (Document Number) | |
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SECRETARY OF STATE

COVER LETTER

| | TO: Registration Section Division of Corporations |
|--------|--|
| t, | SUBJECT: Palm Beach Elite Sports Academy, LLC. |
| | Name of Limited Liability Company |
| · ? | The enclosed Articles of Organization and fee(s) are submitted for filing. |
| ٠ | Please return all correspondence concerning this matter to the following: |
| | Melinda A. Hernandez |
| | Name of Person |
| | |
| | Firm/Company |
| 4 | 996 NW 29th Avenue, Unit C |
| | Address |
| ; | Delray Beach, FL 33445 |
| | City/State and Zip Code |
| | palmbeachelitesportsacademy@gmail.com E-mail address: (to be used for future annual report notification) |
| | For further information concerning this matter, please call: |
| | Molindo A Homendan |
| | Melinda A. Hernandez at (561) 414-6336 Name of Person Area Code & Daytime Telephone Number |
| | Enclosed is a check for the following amount: |
|]\$ | \$125.00 Filing Fee \$\ \text{Certificate of Status}\$\$ 155.00 Filing Fee \$\ \text{Certified Copy}\$\$ (additional copy is enclosed) \$\ \text{Certified Copy}\$\$ (additional copy is enclosed) |
| | Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Palm Beach Elite Sports Academy, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE 11 - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address: | Mailing Address: |
|---------------------------|------------------------|
| 996 NW 29th Avenue | 996 NW 29th Avenue |
| Unit C | Unit C |
| Delray Beach, FL 33445 | Delray Beach, FL 33445 |
| | |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

| | Name |
|--------------|--------------------------------------|
| 996 NW 29th | Avenue, Unit C |
| Florida str | eet address (P.O. Box NOT acceptable |
| Delray Beach | _{FL} 33445 |
| C | ity, State, and Zip |

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.

(CONTINUED)

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

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

| 1GR | Melinda A. Hernandez |
|------------------------------|----------------------------|
| | 996 NW 29th Avenue, Unit C |
| | Delray Beach, FL 33445 |
| | |
| | |
| | |
| ···· | |
| | |
| | |
| | |
| | |
| Use attachment if necessary) | |

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.)

Melinda A. Hernandez

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)