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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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SECRETARY OF STATE
ALLAMASSEF, FLORIDA

COVER LETTER

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& ed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Comp	pany is:
Platinum Baseball, LLC	
(Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address o	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9271 SW 1st Street	9271 SW 1st Street
Plantation, FL 33324	Plantation, FL 33324
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another
The name and the Florida street address	of the registered agent are:
Craig Stoves	
	Name

9271 SW 1st Street

Florida street address (P.O. Box NOT acceptable)

Plantation,

_{FL} 33324

City, 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..

Registered Agent's Signature (REQUIRED

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE

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:
MGRM	Craig Stoves 9271 SW 1st Street Plantation, FL 33324
	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	Janes
Signature of a membe	er or an authorized representative of a member.
constitutes an affirmation under I am aware that any false informations a third degree felong	3.408(3), Florida Statutes, the execution of this document r the penalties of perjury that the facts stated herein are true mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
Craig Stoves	

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)

Typed or printed name of signee