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| PICK-UP | ☐ WAIT | MAIL |
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| Special Instructions to | Filing Officer: | |
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G. MCLEOD

OCT 26 2012

EXAMINER



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10/25/12--01011--004 **155.00

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SECRETARY OF STATE
ALL AHASSEE, FLORIDA

COVER LETTER

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| TO: Registration Section Division of Corporations | | | | |
|---|--------------|---|---|---|
| | Elito D | eccional Sports (| Proup II.C | |
| SUBJECT: | | egional Sports C | ed Liability Company | |
| | | , tune of Billie | ou Diability Company | |
| The enclosed | Articles of | Organization and fee(s) are | submitted for filing. | |
| Please return | all correspo | ondence concerning this mat | ter to the following: | |
| Wil | lie Lee | Wimbley, Jr. | | |
| - 100 | | | Name of Person | |
| Elit | e Regi | onal Sports Gro | up, LLC | |
| | | . - | Firm/Company | |
| 792 | 27 NW | 45th Street | | |
| | | | Address | |
| Gair | nesville, | Florida 32653 | | |
| | | Cit | y/State and Zip Code | |
| wim | blew1@ | aol.com | | |
| | | E-mail address: (to be used t | or future annual report notification) | |
| For further in | formation c | oncerning this matter, please | e call: | |
| Willie L V | Vimbley, | Jr | at (352) 378-7409 | |
| | Name o | f Person | Area Code & Daytime Telep | hone Number |
| Enclosed is | a check for | r the following amount: | | |
| | | _ | 70155 00 E'I' E 0 | 7¢1.00 00 F::: F |
| \$125.00 Filin | g Fee | \$130.00 Filing Fee & Certificate of Status | ✓\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | J\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | Mailing Address | Street/Courier Address | |
| | | Registration Section | Registration Section | |
| | | Division of Corporations P.O. Box 6327 | Division of Corporations Clifton Building | |
| | | Tallahassee, FL 32314 | 2661 Executive Center C | ircle |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | I - Name: of the Limit | ed Liability | Company is: |
|---------|---------------------------|----------------|-------------------|
| Elite R | egional | Sports | Group, l |
| | (Must en | d with the wor | ds "Limited Liabi |

ARTICLE II - Address:

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

| Principal Office Address: | Mailing Address: | |
|-------------------------------|---|---------------------|
| 7927 NW 45th Street | 7927 NW 45th Street | |
| Gainesville, Florida | Gainesville, Florida | |
| 2653 32653 | | |
| | istered Office, & Registered Agent's Sig vn Registered Agent. You must designate an individual of the registered agent are: | • |
| | | ₹ ₹ |
| Willie Lee Wimble | ey, Jr. | 12 OC |
| Willie Lee Wimble | Name | 12 OCT |
| Willie Lee Wimble 7927 NW 45t | Name | 12 OCT 25 ALLAHASSE |
| 7927 NW 45t | Name h Street treet address (P.O. Box NOT acceptable) | |
| 7927 NW 45t | Name h Street treet address (P.O. Box NOT acceptable) | |

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)

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 Memb | Name and Address: |
|--|---|
| Director | Joshua Shane Simpson |
| | 8426 SW 46th Road |
| | Gainesville, Florida 32608 |
| Director | Stevenson Petit |
| | 3205 SW 25th Drive Apt A |
| | Gainesville, Florida 32608 |
| Director | Bili Winston |
| | 9619 Labette Drive |
| | Little Rock, AR 72209 |
| Director | Timothy Loring |
| | 9919 Echo Valley Court |
| | Little Rock, AR 72227 |
| | than the date of filing: October 7, 2012 . (OPTIONAL) must be specific and cannot be more than five business days prior |
| REQUIRED SIGNATURE: | · : |
| <u>Willi</u> Signature of | UX. Windleff or a member or an authorized representative of a member. |
| | ection 608.408(3), Florida Statutes, the execution of this document |

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.)

Willie Lee Wimbley, Jr.

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)