

L/2000/55688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

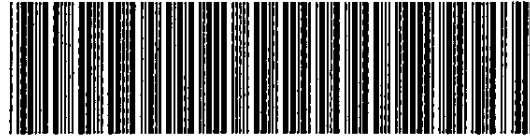
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TALLAHASSEE, FLORIDA
9:12 DEC 10 PM '28

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TRANSMITTAL LETTER

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314
850-487-6051

SUBJECT: CC TENNIS MANAGEMENT, LLC.

Enclosed are an original and one copy of the articles of Organization For Florida Limited Liability Company.

**FROM: CHRISTOPHE DELAVAUT
2406 19TH AVENUE
VERO BEACH, FLORIDA 32960
772-321-9006**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 DEC 10 PM 2 28

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

EFFECTIVE JANUARY 1ST, 2013

ARTICLE I-Name:

The name of the Limited Liability Company shall be: **CC TENNIS MANAGEMENT, LLC.**

ARTICLE II-Address:

The mailing address and street address of the principal office of the Limited Liability Company is: **2406 19TH AVENUE, VERO BEACH, FLORIDA 32960**

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

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

**CHRISTOPHE DELAVAUT
2406 19TH AVENUE
VERO BEACH, FLORIDA 32960**

CLERK OF STATE
LAHASSEE, FLORIDA
2012 DEC 10 PM 2:29

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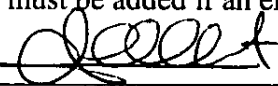
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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..


CHRISTOPHE DELAVAUT

ARTICLE IV- Management (Check box if applicable.)

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager- managed company.

(An additional article must be added if an effective date is requested)


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.)

CHRISTOPHE DELAVAUT
Typed or printed name of signee

- FILING FEES:**
\$100.00 Filing Fee for Articles of Organization
\$25.00 Designation of Registered Agent
\$30.00 Certified Copy (Optional)
\$5.00 Certificate of Status (Optional)