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| (Re | equestor's Name) | |
|-------------------------|---------------------|----------------|
| (Ac | ddress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ві | usiness Entity Name | <u>a)</u> |
| · (De | ocument Number) | |
| Certified Copies | Certificates o | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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OBERMAN LAW FIRM

147 Lee Byrd Road Walton Place Loganville, Georgia 30052 A Professional Corporation

www.obermanlaw.com

Stuart J. Oberman Lauren A. Mansour Michelle L. Wein

Telephone (770) 554-1400 Facsimile (770) 554-3534

December 23, 2013

VIA UPS

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

RE:

B3 Pro Hockey, LLC.

Dear Sir/Madam:

Enclosed please find the original and one copy of the Cover Letter and Articles of Organization for Florida Limited Liability Company for B3 Pro Hockey, LLC., together with this firm's check payable to Florida Department of State in the amount of \$130.00.

Please file the enclosed Articles of Organization and return the acknowledgment copy and the Certificate of Status to me in the enclosed prepaid return envelope.

If you have any questions regarding this matter, please feel free to call our office.

Sincerely

Stuart J. Oberman

Enclosures

SJO:rcg

Mr. Phillip DeFranco cc:

COVER LETTER

| TO: Registration Division of C | | | |
|-----------------------------------|---|---|--|
| SUBJECT: | B3 PRO HOCKEY, I | LC. | |
| | Name of Limit | ted Liability Company | |
| The enclosed Articles of | of Organization and fee(s) are | submitted for filing. | |
| Please return all corres | pondence concerning this mat | ter to the following: | |
| Phill | ip DeFranco | | |
| | | Name of Person | |
| N/A | | | |
| | | Firm/Company | |
| 2991 | Flagstaff Avenue | S.E. Address | |
| Palm | Bay, Florida 329 | 09 ty/State and Zip Code | |
| b3prol | | for future annual report notification) | |
| | concerning this matter, please | | |
| Phillip Del | | _at(<u>321</u>) <u>987-65</u> | |
| Name | of Person | Area Code & Daytime Telep | phone Number |
| Enclosed is a check f | or the following amount: | | |
| □\$125.00 Filing Fee | XX\$130.00 Filing Fee & Certificate of Status | ☐\$155.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | • | | |

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courler Address
Registration Section
Division of Corporations
Clifton Building
2661 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: | |
|---|--|
| B3 PRO HOCKEY, LLC. (Must end with the words "Limited Liabili | ty Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the pri | ncipal office of the Limited Liability Company is |
| Principal Office Address: | Mailing Address: |
| Phillip DeFranco: 2991 Flagstaff Avenue, S.E. Palm Bay, Florida 32909 ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) | |
| The name and the Florida street address of the re | egistered agent are: |
| Phillip DeFranco Name | |
| 2991 Flagstaff Av Florida street add | venue, S.E. ress (P.O. Box <u>NOT</u> acceptable) |
| Palm Bay City, Star | FL 32909 te, and Zip |
| liability company at the place designated in th | sccept service of process for the above stated limite as |

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

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

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

| | mt (2.7.) |
|---|--|
| MGRM | Phillip DeFranco 2991 Flagstaff Avenue, S.E. |
| | Palm Bay, Florida 32909 |
| | |
| <u></u> | |
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| | |
| Use attachment if necessary) | |
| THE NEW YORK CARLOS AND A SECOND COMPANY AND ASSESSMENT | ne date of filing: (OPTION |

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.)

Stuart J. Oberman, Attorney for Member
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)

Page 2 of 2