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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| • | eration Section on of Corporations |
|---|---|
| SUBJECT: | Stampede Athletics LLC |
| | Name of Limited Liability Company |
| The enclosed A | articles of Organization and fee(s) are submitted for filing. |
| Please return al | I correspondence concerning this matter to the following: |
| | Brian Combei Name of Person |
| | Stanpede attletus LC Firm/Company |
| | 3152 LITTLE RA #187 |
| -0.000 00000 -0.000 00000 | City/State and Zip Code buan P Surchoice Corporate housing. Com E-mail address: (to be used for future almual report notification) |
| For further info | rmation concerning this matter, please call: |
| 1 | Brian Coubci at (727) 481.5128 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a ch | Fee \$130.00 Filing Fee & S155 00 Filing Fee & S160.00 Filing Fee. Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |

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

Street/Courier Address

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle . . . Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| 43 50 WEST - 1 AND FINANCE | Stampede | ATHLetics | LLC ability Company. "L.L.C" or "LLC | |
|----------------------------|---|---|--------------------------------------|-------|
| | (Must end w | ith the words "Limited Li | ability Company, "L.L.C.," or "LL | C.") |
| | E II - Address: ing address and street add | lress of the principal offic | e of the Limited Liability Company | y is: |
| Principa | l Office Address: | <u>Mailing</u> | Address: | |
| 31 | 52 Little cinity FL 3 | RJ #187 | SAME | |
| | | ldress of the registered as Brian Bomb Name | ent are | |
| | Florida s | reet address (P.O. Box <u>N</u> | | |
| | | Cinity City | FL 34655 Zip | |
| | | | | |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

| Title: "AMBR" = Authorized Member "MGR" = Manager AMBR | Name and Address: Prian Bombie 3152 629 Little Rd. 7 Trinity FL 34655 |
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| (Use attachment if necessary) | the second secon |
| effective date is listed, the date must be spe te of filing,) | of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 d |
| CLE V: Effective date, if other than the date effective date is listed, the date must be spete of filing.) | |
| ICLE V: Effective date, if other than the date effective date is listed, the date must be specified of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a menusure of a | |

Filing Feev:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)