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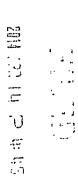
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EFFECTIVE DATE 4-11-14



B. BOSTICK
APR **1** 5 2014

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporat	ions			
SUBJECT: World Tennis Si	upply Name of Lin	nited Liability Company		
The enclosed Articles of Organ	ization and fee(s) ar	e submitted for filing.		
Please return all correspondence	e concerning this m	atter to the following:		
James Lawrence	Rudolph	Name of Person		
World Tennis Sup	pply	Firm/Company		<del>-</del>
255 Dolphin Poin	. Apt 805	Address		<del></del>
Clearwater Beach		)20 ity/State and Zip Code		
<u>JrsTennis2Day@aol.con</u> E-mail	naddress: (to be used	for future annual report notifica	ation)	
For further information concern	ing this matter, plea	ise call:		
James Lawrene Rudolph Name of Pers		727 ) 458-6727 Area Code Daytime Te	lephone Number - :	., . E
	wing amount: .00 Filing Fee & ificate of Status	☑\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enc	₹ 5 &
Mailing Add Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street/Courier Add Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	tions	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE L. Nama.			
ARTICLE I - Name: The name of the Limited Liability Company is:			
World Tennis Supply LLC.			
(Must end with the words "Limited L	iability	Company, "L.L.C.," or "l	LLC.")
ARTICLE II - Address:			
The mailing address and street address of the principal off	ice of th	e Limited Liability Comp	oany is:
Principal Office Address:	Maili	ng Address:	
Tutcipal Office Address.	MARIII	ilg Address.	
1115 Ponce de Leon Boulevard		Dolphin Point	
Suite A-3 Belleair, Florida 33756	Apt 8	uo water Beach, Florida 3:	
	<u> </u>	**************************************	<u> </u>
ARTICLE III - Registered Agent, Registered Office, & The Limited Liability Company cannot serve as its own Runother business entity with an active Florida registration.	legistere .)	d Agent. You must design	
The name and the Florida street address of the registered a	gent are	:	
James Lawrence Rudolph			
Name			
255 Dolphin Point, Apt 806			
Florida street address (P.O. Box ]	NOT ac	ceptable)	
Clearwater Beach	FL	33767-2020	
City		Zip	
Having been named as registered agent and to accept serv the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig Chapter Registered Agent's Signatus (CONTINUE).	the apportant state of all stat	intment as registered ager utes relating to the proper of my position as registered S	nt and agree to act in this and complete performance
Page 1 of 2			Angliera B May - B

<u> Fitle:</u>	Name and Address:
AMBR" = Authorized Member	
"MGR" = Manager	lama la
MGR	James Lawrence Rudolph
	255 Dolphin Point, Apt 806
	Clearwater Beach, Florida 33767-2020
<del></del>	
•	f filing: April 11, 2014 (OPTIONAL)
V: Effective date, if other than the date of tive date is listed, the date must be specfiling.)	f filing: <u>April 11, 2014</u> . (OPTIONAL) ific and cannot be more than five business days prior to or s
V: Effective date, if other than the date of tive date is listed, the date must be spec filing.)	
ctive date is listed, the date must be spec f filing.) EVI: Other provisions, if any.	
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:	ific and cannot be more than five business days prior to or s
E V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature/of a mem	ific and cannot be more than five business days prior to or some standard of the sound of the so
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem (In accordance with section 605.	ber or an authorized representative of a member.  0203 (1) (b), Florida Statutes, the execution of this document
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem (In accordance with section 605, constitutes an affirmation under	ber or an authorized representative of a member.  0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 605, constitutes an affirmation under I am aware that any false information.	ber or an authorized representative of a member.  0203 (1) (b), Florida Statutes, the execution of this document
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)  EVI: Other provisions, if any.  Signature/of a mem  (In accordance with section 605. constitutes an affirmation under I am aware that any false information constitutes a third degree felony	ber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. as provided for in s.817.155, F.S.)
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)  EVI: Other provisions, if any.  Signature of a mem  (In accordance with section 605, constitutes an affirmation under I am aware that any false information constitutes a third degree felony	ber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State

ARTICLE IV-

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)