

L14000080411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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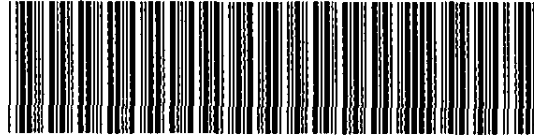
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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14 MAY 16 AM 10:54

DEPARTMENT OF REVENUE

N. Gulligan

MAY 19 2014



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 134878 4300426

AUTHORIZATION :

Lyubcheva

COST LIMIT : \$125.00

ORDER DATE : May 15, 2014

ORDER TIME : 8:44 AM

ORDER NO. : 134878-005

CUSTOMER NO: 4300426

DOMESTIC FILING

NAME: SI CAPITAL SPORTS VENTURES,
LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray - EXT. 62925

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SI Capital Sports Ventures, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matthew H. Maschler

Name of Person

SI Capital Sports Ventures, LLC

Firm/Company

2255 Glades Road, Suite 324A

Address

Boca Raton, FL 33431

City/State and Zip Code

matt@superdoe.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew H. Maschler 732 491-2500
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$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/Courier 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:

SI Capital Sports Ventures, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2255 Glades Road

Suite 324A

Boca Raton, FL 33431

2255 Glades Road

Suite 324A

Boca Raton, FL 33431

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Matthew H. Maschler, Esq.

Name

2255 Glades Road, Suite 324A

Florida street address (P.O. Box NOT acceptable)

Boca Raton

FL 33431

City

Zip

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 605, F.S..

Matthew H. Maschler, Esq.

By: Matthew H. Maschler

Registered Agent's Signature (REQUIRED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAY 16 AM 9:39

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(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Erik Maschler

c/o Castle Financial Management, LLC

110 Fieldcrest Ave., Edison, NJ 08837

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

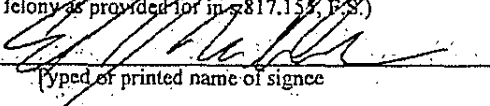
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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 §817.155, F.S.)

Erik Maschler


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)

FILED
2014 MAY 16 AM 9 39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA