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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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2014 HAY -8 PH 2: 43

MAY:19 2014 J. BRUCE

COVER LETTER

TO: Registration Division of C	Section orporations				
SUBJECT:	Name of Lin	T Sports	, LLC.		
The enclosed Articles	of Organization and fee(s) a	ere submitted for filing.			
Please return all corres	pondence concerning this m	natter to the following:			
	Jordan	S. HILL			
	BULLZ-	Name of Person Sport Firm/Company	s, LLC		
88	5 Georg	getown L	.ane		
Bo	A notar	each, FL	33472		
Jorda	t llid.nx	City/State and Zip Code O 2 3 C YA ed for future annual report notifica	Hoo. Com z	2014 MA	7
For further information	concerning this matter, ple	ase call: 954 \ 661 -	9136	7 -8 8-1	ALEXTON
Nam	e of Person	Area Code Daytime Te	lephone Number	PH 2: 4	*
Enclosed is a check for	the following amount:		Ö	<u>ි</u> සි	,
\$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)		

TO:

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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liab	oility Company is:		
Principal Office Address:	Mailing Address: .	SAME		
8865 Georgelown Lane Bounton Beach IFC 33472	8865 (Bayatan P 3347	Georgetown La Seader, FL	ane	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration	Registered Agent. You		ual or	
The name and the Florida street address of the registered a	agent are:			
8865 George	tomu re	ING		
Florida street address (P.O. Box City	NOT acceptable) FL 334 Zip	72		
Having been named as registered agent and to accept sentence the place designated in this certificate. I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obli	the appointment as regi of all statutes relating to	istered agent and agree to the proper and complete p	act in this performance	
Chapte	7605, F.S.		211 14	
Registered Agent's Signate		*	13355 13355 14355 14355 14355 14355 14355 14355 14355 14355 14355 14355 14355 14355 14355 14355 14355 14355 14355 1435 143	
Page I of 2			PH 2:4	Emma de

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	Jordan S. HILL 8865 Georgetown Lane	
AMBR	Boynton Brady, FU 33472 Nanci HIII 8865 Georgetaun lang Boynton Beach, FL 33472	.
(Use attachment if necessary)		
LE V: Effective date, if other than the date	of filing: (OPTIONAL) reific and cannot be more than five business days prior to or 90) days afi
LE V: Effective date, if other than the date fective date is listed, the date must be spe of filing.)	of filing: (OPTIONAL) recific and cannot be more than five business days prior to or 90	days afi
LE V: Effective date, if other than the date fective date is listed, the date must be spend of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a menual constitutes an affirmation under I am aware that any false information.	ecific and cannot be more than five business days prior to or 90	days afi

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)