## 114000095963

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	*
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



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Office Use Only

T. BUT JUNIO 2014

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

SUBJECT:	Osceola Spor	ting Partners, L	LC
	Name of Lim	ited Liability C	ompany
The enclosed Articles of Organization	on and fee(s) ar	re submitted for	filing.
Please return all correspondence con	cerning this m	atter to the follo	owing:
	Martin T. Sch	nrier	
	Name of Pers	on	
	Cozen O'Cor	nor	
	Firm/Compar	ıy	
	200 S. Biscay	me Blvd.	
	Address		
	Miami, FL 33	3131	
	City/State and		
	mschrier@co	zen.com	
E-mail addres			l report notification)
For further information concerning t	his matter, plea	ase call:	
Martin Schrier	at (	305 )	704-5954
Name of Person	Aı	rea Code	Daytime Telephone Number
Enclosed is a check for the following	g amount:		
□ \$125.00 Filing Fee □ \$130.00 Filing Fee □ \$130.0		\$155.00 Filing Certified Cop (additional co is enclosed)	y Certificate of Status

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

iability Company, "L.L.C.," or "LLC."
fice of the Limited Liability Company is:
Mailing Address:
8775 SE Compass Island Way Jupiter, FL 33458
& Registered Agent's Signature: Registered Agent. You must designate an individual or .)
agent are:
Vay O. Box NOT acceptable)
FL 33458 Zip

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..

Registered Agents Signature (REQUIRED)

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

(CONTINUED)

ARTICLE I - Name:

Title: "AMBER" – Authorized Member "MGR" – Manager	Name and Address:
MGR	D. Scott Elliott
mort .	8775 SE Compass Island Way
	Jupiter, FL 33458
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	CO Comments
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	Change of American
(the amelian of Comment)	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be	

D. Scott Elliott as Manager of Osceola Sporting Partners, LLC

Filing Fees:

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

Typed or printed name of signee

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

ARTICLE IV -