Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: CORP USA Account Name Account Number: 072450003255 Phone : (305)634-3694 Fax Number : (786)409-5946

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA LIMITED LIABILITY CO. SOCCER ZONE LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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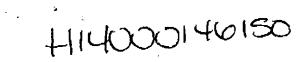
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6/18/2014

CORPUSA

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COVER LETTER

TO:	Registration Division of (Section Corporations		
sum	ect: socci	R ZONE I LC. Name of Lir	nited Liability Company	
The en	closed Articles	of Organization and fee(s) sa	re submitted for filing.	
Please	return all corre	spondence concerning this m	atter to the following:	
	PAUL JA	SINSKI	Name of Person	
	USAOLL	gROUP	Pirm/Company	
	_5960 NV	/ 99 AVE UNIT 3	Address	
	DORAL	FL 33178	ity/State and Zip Code	
ئ <u>و</u>	nosiled@esis	h.net E-mail andress: (to be use	d for future annual report polifica	tion)
For fur	ther informatio	n concerning this matter, ples	ase call:	
PAUL	JASINSKI Nan	at (.:		ephone Number
	ed is a check fo O Fiking Fee	r the following amount: [Z]\$ 130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Reg Divi P.O	ling Address Intration Section alon of Corporations Box 6327 ahassee, FL 32314	Street/Courier Add Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallehausse, FL 3230	ions er Circle

96968899908 71:91 702/81/90

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CONTYANY

The name of the Limited Liability Company	y is:
SOCCER ZONE LLC.	
(Must end with the wo	ords "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of th	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4138 FOREST DRIVE	4138 FOREST DRIVE
WESTON, FL 33332	WESTON, FL 33332
ARTICLE III - Registered Agent, Regist	ered Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent, Registered Agent	ered Office, & Registered Agent's Signature: ve as its own Registered Agent. You must designate an individual of de registration.)
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot ser another business entity with an active Flori	ered Office, & Registered Agent's Signature: ve as its own Registered Agent. You must designate an individual of de registration.) the registered agent are:
ARTICLE III - Registered Agent, Registered Agent	ered Office, & Registered Agent's Signature: ve as its own Registered Agent. You must designate an individual of de registration.)
ARTICLE III - Registered Agent, Registered and the Florida street address of the PAUL JASINSKI S960 NW 99 AVE	ered Office, & Registered Agent's Signature: ve as its own Registered Agent. You must designate an individual of de registration.) the registered agent are: Name UNIT 3
ARTICLE III - Registered Agent, Registered Agent	ered Office, & Registered Agent's Signature: ve as its own Registered Agent. You must designate an individual of de registration.) the registered agent are: Name
ARTICLE III - Registered Agent, Registered Agent, Registered Agent, Registered Agent, Registered The Limited Liability Company cannot ser another business entity with an active Florida Street address of the Paul JASINSKI 5980 NW 98 AVE Florida Street address DORAL	ered Office, & Registered Agent's Signature: ve as its own Registered Agent. You must designate an individual of de registration.) the registered agent are: Name UNIT 3

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 dulies, and I am famillar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S...

Registered Agent's Agentre (REQUIRED)

(CONTINUED)

Page I of 2

DIVISION OF CAM 9: 52

AMBR" = Authorized Member MGR	Titlet	N
DANIEL CARLES 4081 BARBAROSSA AVE. MIAMIL FL 33133 AGR OSCAR FERRER 4138 FOREST DRIVE WESTON, FL 33332 V: Effective date, if other than the date of filing: tive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member of an authorized representative of a member. (In accordance with section 605.079/(1) (b), Florida Suntuces, the execution of this document constitutes an affirmation under this penaltics of perjuy that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of Stane constitutes a third degree felony as provided for in s.817.155, F.S.) PAUL JASINSKI Typed or printed name of signee Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agant	N & S 333330 - A seek a military & B I was been	Name and Address:
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Page 2 of 2

SECTION OF CORPUT ATTOMS

ON THE TRANSPORT OF THE PROPERTY OF