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Special Instructions to	Filing Officer	
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SECKETARY OF STATE

K. SALY EXAMINER JUN 2 6 2014

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	FAP Tennis	s, LLC
SUDJE	Name of Limited Liabil	ity Company
The end	enclosed Articles of Organization and fee(s) are submitted	l for filing.
Please	se return all correspondence concerning this matter to the	following:
	Andres F	Pedroso
	Name of	Person
	FAP Ten	nis, LLC
	Firm/Co	mpany
	831 Enfie	ld Street
	Addr	ess
	Boca Raton	, FL 33487
	City/State an	•
	dreped7@ E-mail address; (to be used for	Paol.com or future annual report notification)
For furt	urther information concerning this matter, please call:	•
A	Aridres Pedroso at 434	,981-0041
	Name of Person Area Code	Daytime Telephone Number
•	osed is a check for the following amount:	 1
]\$ 125.00	Certificate of Status Certif	100 Filing Fee & \$160.00 Filing Fee, ied Copy 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

	FAP 1	Tennis, LLC			
(Must end with the words	"Limited Liability Co	ompany, "L.L.C.,"	or "LLC.")	
ARTICLE II - Addre The mailing address at	ess: and street address of the pr	rincipal office of the l	Limited Liability C	ompany is:	
Principal Office Add	ress:	Mailing Address	i		
6740 1	21st Avenue		831 Enfield St	reet	
	Unit 4		Boca Raton, FL	33487	
Largo	, FL 33773			<u> </u>	
		registered agent are: mes Sharon Name		2014 JUN 24 SECRETARY FALLAHASSE	TI
		Enfield Street		PH 3: 24 EE, FLORID	Ċ
	Florida street address (10g 3:	
	Boca Rato	on FL	33487 Zip	25 P4	
	City		Zір	J. i	
the place designate capacity. I further a	ed in this certificate, I here gree to comply with the pr	eby accept the appoin rovisions of all statute	tment as registered as relating to the pro my position as regi	tated limited liability compar agent and agree to act in thi oper and complete performan stered agent as provided for t	s nce

<u> Citle:</u>	Name and Address:
AMBR* = Authorized Member	
MGR" = Manager	
AMBR	Andres Pedroso
	831 Enfield Street
	Boca Raton, Fl. 33487
EV: Effective date, if other than the date ctive date is listed, the date must be sp	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date ctive date is listed, the date must be sp filling.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90
V: Effective date, if other than the date ctive date is listed, the date must be sp filling.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90
retive date is listed, the date must be sp f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90
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CV: Effective date, if other than the date ctive date is listed, the date must be sp filing.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section)	exific and cannot be more than five business days prior to or 90 mbertor an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document
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