L14000115075

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
(Business Entity Name)
(Dusiness Enuty Hame)
(December 1)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200262283692

200262283692 07/21/14--01055--004 **155.00

Effective Date 8111

14 JUL 21 AMII: 57
SECRETARY OF STATE
TALL AHASSEF FLORID.

JUL 2 2 2014 T. HAMPTON

COVER LETTER

	on Section f Corporations		
SUBJECT: DST	N Sports - LLC		
	Name of Li	mited Liability Company	· · ·
The enclosed Articl	es of Organization and fee(s) a	are submitted for filing.	
Please return all cor	respondence concerning this n	natter to the following:	
Mark A	Decker		
		Name of Person	
DSTN	Sports - LLC		
		Firm/Company	
1021 -	lillsboro Mile		
		Address	
Hillsbo	o Beach, FL 33062		
		City/State and Zip Code	
mdecker-hri@	comcast net E-mail address: (to be use	ed for future annual report notification	ation)
For further informat	ion concerning this matter, ple	-	,
	,,		
Mark A Decker	at (_	954) 579-8925	
N:	ame of Person	Area Code Daytime Te	lephone 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)
	ailing Address	Street/Courier Add	ress

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Effective Date 811

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
DSTN Sports - LLC (Must and with the words "Limited	Liability Company, "L.L.C.," or "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 of	ffice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1021 Hillsboro Mile Hillsboro Beach, FL 33062	1006 Moorland Grosse Pointe Woods, MI 48236
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	agent are:
Mark A Decker	
Name	
1021 Hillsboro Mile	
Florida street address (P.O. Box	NOT acceptable)
Hillsboro Beach	FL 33062
City	Zip
the place designated in this certificate. I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obj	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance igations of my position as registered agent as provided for in er 605, F.S
(CONTINU	ED)

Page 1 of 2

LIARY OF STA

14 JUL 21 AHII: 57

<u>Citle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
AMBR	Mark A Decker
	1021 Hillsboro Mile
	Hillsboro Beach, FL 33062
· · · · · · · · · · · · · · · · · · ·	
V: Effective date, if other than the	date of filing: August 1, 2014 (OPTIONAL)
ctive date is listed, the date must be filing.) CVI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90
V: Effective date, if other than the ctive date is listed, the date must be filing.) VI: Other provisions, if any.	
V: Effective date, if other than the cive date is listed, the date must be filing.) VI: Other provisions, if any. EQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 90
V: Effective date, if other than the tive date is listed, the date must be filing.) VI: Other provisions, if any. EQUIRED SIGNATURE:	member or an authorized representative of a member.
V: Effective date, if other than the tive date is listed, the date must be filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a (In accordance with section)	member or an authorized representative of a member, a 605.0203 (1) (b), Florida Statutes, the execution of this document
V: Effective date, if other than the tive date is listed, the date must be filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation a	member or an authorized representative of a member. 1 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true.
V: Effective date, if other than the tive date is listed, the date must be filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation of I am aware that any false in	member or an authorized representative of a member, a 605.0203 (1) (b), Florida Statutes, the execution of this document
V: Effective date, if other than the tive date is listed, the date must be filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation of I am aware that any false in constitutes a third degree for the section constitutes a third degree for the section constitutes a third degree for the section constitutes as the section const	member or an authorized representative of a member, a 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)
V: Effective date, if other than the tive date is listed, the date must be filing.) VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation of I am aware that any false in	member or an authorized representative of a member, a 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)

ARTICLE IV-

Page 2 of 2

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

14 JUL 21 AM II: 57
SECTION OF STATE
SECTION OF STATE
AND SEE FLORIDA