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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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T. Burch JUL 24 2014

July 22, 2014

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

To Whom It May Concern,

Please accept the following enclosed items for formation of a Florida Limited Liability Company.

- Document; "Articles of Incorporation For Florida Limited Liability Company" and Designation of Registered Agent pursuant to your requirements for establishment of ORLANDO LACROSSE OPEN LLC.
- 2. A check in the amount of \$125.00 made out to the: Florida Department of State

Please contact Garrick Robinson at (321) 507-6385 with any questions in this regard:

Garrick E. Robinson Orlando Lacrosse Open LLC 224 Shady Oaks Circle Lake Mary, FL 32746

Respectfully,

Garrick E. Robinson

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Orlando Lacrosse Open L			
(Must e	and with the words "Lim	ited Liability Company, "L.L.C.," or "LLC."	')
ARTICLE II - Address: The mailing address and street	et address of the princip	al office of the Limited Liability Company is	s:
Principal Office Address:		Mailing Address:	
224 Shady Oaks Circle		224 Shady Oaks Circle	
Lake Mary, FL 32746		Lake Mary, FL 32746	
ARTICLE III - Registered . (The Limited Liability Comp	any cannot serve as its o	ce, & Registered Agent's Signature: wn Registered Agent. You must designate a	n individual or
ARTICLE III - Registered	any cannot serve as its o an active Florida registr	ce, & Registered Agent's Signature: wn Registered Agent. You must designate an	# JUL SECRE
ARTICLE III - Registered (The Limited Liability Companother business entity with a The name and the Florida street	any cannot serve as its o an active Florida registr	ce, & Registered Agent's Signature: wn Registered Agent. You must designate an	# JUL 2 SECRETA TALLAHA
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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 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 Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	0 11 5 5 11
MGR	Garrick E. Robinson
	224 Shady Oaks Circle
	Lake Mary, FL 32746
	ي چي ا
MGR	Tom West ⊋ S
	467 High Tide Drive
	St. Augustine, FL 32080
	Daniel Hogan
MGR	Daniel Hogan
	890 Little Bend Road
	Altamonte Springs, FL 32714
	で、 マ
MGR	Chris Spaulding
	40700 Mildis Diana
	10722 Wildlife Place
E V: Effective date, if other than the date of fi	Orlando, FL 32825 iling: (OPTIONAL)
(Use attachment if necessary) E V: Effective date, if other than the date of fine date is listed, the date must be specific of filing.) E VI: Other provisions, if any.	Orlando, FL 32825
E V: Effective date, if other than the date of fiective date is listed, the date must be specific of filing.)	Orlando, FL 32825 iling: (OPTIONAL)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLE IV-