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(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	, MAIL
(Bu	isiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to	Filing Officer:	
:		
Day.	Office Use Only	



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EFFECTIVE DATE

14 SEP -2 PM 1:40

SEP - 9 2014

T. BROWN

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CCT: TBA EX	miled Liability Company	
The end	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	Leigh B.	Allen III.	
	/	Name of Person	
	9 EAST HI	Firm/Company	_
	## 75 N. Q	CAN WOUND TH	#38
	JACK SO	M, Address 39210 Beach Fl City/State and Zip Code	6 33483
_	E-mail address: (to be use	LellsouH. net d for future annual report notifica	ation)
For furt	her information concerning this matter, plea	ase call:	
	Leigh B-Allen at (601 941-32 Area Code Daytime Te	269 lephone Number
Enclose	ed is a check for the following amount:		
\$125.00	O 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)
	Mailing Address	Street/Courier Add	ress
	Registration Section Division of Corporations	Registration Section	ione

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		F: 'SA "
The name of the Limited Liability Company is:		The state of the s
T 0	- , , -	
	XPORTS LLC	
(Must end with the words "Limited Li	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		22
The mailing address and street address of the principal offic	ce of the Limited Liability Company is:	(D) 19
	, ,	0
Principal Office Address:	Mailing Address:	i i
4475 N. Desan Blod #43G	9 EAST HILL DR	⊊ _i ∧
DOLRAY BEACH, FL 33483	9 EAST HILL DR JACKSON, MS	39216
	, -	<u> </u>
ADTICLE III Desistant Ament Desistant Office 6	D	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Re		individual or
another business entity with an active Florida registration.)		IIIGIYIGGA OI

The name and the Florida street address of the registered agent are:

Leigh B. Allen IIII.

Name

4475 N. OCEAN Blud 43G

Florida street address (P.O. Box NOT acceptable)

Delray Beach FL 33483

City Zip

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 Agolt's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>itle:</u> AMBR" = Authorized Member	Name and Address:
IGR" = Manager	•
MOR	Leigh B. Allen III
	4475 N. OCEAN Blub. 430 DELRAY BEACH, FL 33487
<u> </u>	Arterna' arteria anteria anter
·	
V: Effective date, if other than the date of five date is listed, the date must be specific	iling: <u>Secremaer 1, 2014</u> . (OPTIONAL) c and cannot be more than five business days prior to or 9
Use attachment if necessary) V: Effective date, if other than the date of fitive date is listed, the date must be specification.) VI: Other provisions, if any.	iling: <u>Secrember 1, 2014</u> . (OPTIONAL) c and cannot be more than five business days prior to or 9
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