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SECRETARY OF STATE
AND ANASSET OF STATE

T. Burch () GTO

COVER LETTER

SUBJECT:	HRCU Nation		
	Name of Lin	Tennis Champic nited Liability Company	onships LLC
The enclosed Art	licles of Organization and fee(s) ar	e submitted for filing.	
Please return all	correspondence concerning this m	atter to the following:	
	Coul B. Goodm	an	
		Name of Person	
		Firm/Company	
	5428 Paces Mill	Rd.	
		Address	
- 	allaha see .FL 3	12309 .	
	allahassee, FL	City/State and Zip Code	
C	arl.goodman3@an	Lail.com	
	arl. goodman 3 @ gn E-mail address: (to be used	d for future annual report notifica	tion)
	mation concerning this matter, plea		
CIB		550 . 311-3343	
Carl G.	Name of Person at (_	Area Code Daytime Tel	ephone Number
Enclosed is a che	eck for the following amount:		
☐ \$125.00 Filing F	Fee \$\square\$\\$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)
	Mailing Address Registration Section	Street/Courier Adda Registration Section	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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
HBCU National Tennis Championships 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 office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:	
5428 Paces Mill Rd 5428 Paces Mill Rd Tallahassee, FL 32309 Tallahassee, FL 32309	
The name and the Florida street address of the registered agent are:	t man
Carl B. Goodman	
Name SA28 Paces Mill RJ Florida street address (P.O. Box NOT acceptable)	-
Florida street address (P.O. Box NOT acceptable)	
Tallahassee FL 32309 City Zip	
City Zip	
Having been named as registered agent and to accept service of process for the above stated limited liability compart the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in the capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performa of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for Chapter 605, F.S.	is nce

(CONTINUED)

Page 1 of 2

<u> Fitle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	Carl B. Goodman
AMBŘ	5428 Paces Will Rd
	Tallahassee, FL 32309
	···
	AS AS
	or ₹
	<u></u> ○
(Use attachment if necessary)	
(Use attachment if necessary) EV: Effective date, if other than the date tive date is listed, the date must be so filling.)	STATE CORID
E V: Effective date, if other than the date extive date is listed, the date must be s f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 d
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