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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	

Office Use Only -



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SECRETARY OF STATE
WALLAHASSEE, FLORIDA

J. Shivers DEC 2.4 2014



December 5, 2014

HISHAM KHANDAKJI 1616 FUNSTON ST HOLLYWOOD, FL 33020

SUBJECT: FORSOCCERCLUBS.COM LLC

Ref. Number: W14000072685

We have received your document for FORSOCCERCLUBS.COM LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 514A00025706

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

www.sunbiz.org

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Hisham Khundakji Name of Person
	WB Unifams Firm/Company
	Firm/Company
	1616 Funston St. Address
	Address
	Hollywood, Fl 33020
	Hollywood, Fl 33020 City/State and Zip Code hollywoodwildcats & Smail. Com E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
<u> </u>	Name of Person Jat (954) 665-6682 Name of Person Daytime Telephone Number
Enclose	ed is a check for the following amount:
≱\$ 125.0	O Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Forsoccerclul	a.com LLC
(Must end with the words "Limited l	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
WB Uniform	1616 Funston St.
WB Uniform 1616 FUNSTON St. Hallywood, F1 33020	Hollyword, Fl 33020
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Fanother 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 a	agent are:
Hisham Kh.	an daki i
tisham Kha	*****
1616 Funston	, S+·
Florida street address (P.O. Box)	NOT acceptable)
Holly would	
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 oblig	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S
Registered Agent's Signature	ITE (REQUIRED) ARRAY Array
(CONTINUE	PH Z:
Page 1 of 2	76 26

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	100 L) (
AMBERTIGE	MB Onitams
MAR AMBR	Hallmand El 33050
N CO	Hayling 23 of 121 22 050
MER AMBR	Wining Beast
	1311 Tefferson St.
	Hallyword, F1 33 019
	Maradanas II T as 1
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(Use attachment if necessary) EV: Effective date, if other than the date ctive date is listed, the date must be specifically.	e of filing:
E V: Effective date, if other than the dat ective date is listed, the date must be s	e of filing: (OPTIONAL)
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E V: Effective date, if other than the dat ctive date is listed, the date must be specifically. E VI: Other provisions, if any.	e of filing: (OPTIONAL)
E V: Effective date, if other than the dat ctive date is listed, the date must be sp filling.) E VI: Other provisions, if any.	e of filing: (OPTIONAL)
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EV: Effective date, if other than the dat ctive date is listed, the date must be specifiling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und	e of filing:
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