45000064747

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

Office Use Only



200270665032

L15-64747

03/23/15--01032--032 **125.00 /



APR 14 2015 N. GAUSSEAUX

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: JSA Sports LLC Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Jason Annino Name of Person
	JSA Sports LLC Firm/Company
	15518 Bay Vista Dr Address
	Clermont, FL 34714 City/State and Zip Code JSasports @ Yahoo. Com E-mail address: (to be used for future annual report notification)
***************************************	E-mail address: (to be used for future annual report notification)
For furth	ner information concerning this matter, please call:
Jo	Name of Person at (860) 305-5039 Name of Person Area Code Daytime Telephone Number
Enclosed	l is a check for the following amount:
\$125.00	Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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 FI	ORIDA LIMITED LIABILITY COMPANY 5
ARTICLE I - Name:	76 3
The name of the Limited Liability Company is:	The Control of the Co
JSA Sports L. (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal off	ice of the Limited Liability Company ic:
The maxing address and street address of the principal off	see of the Elimited Elability Company is.
Principal Office Address:	Mailing Address:
15518 BayVista Dr Clemont, FL 34714	15518 BayVista Dr Clermont, FL 34714
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
Topas Agniv	2.67
Name	10
Name	
15518 Bay Vist	n Dr
Florida street address (P.O. Box I	
	Often and
Clermant_	FL 39/14
City	Zip
	ice of process for the above stated limited liability company at

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	0 1 4 4
MGR	_Rosalee Annino
	Clermont FL 34714
MCD	T- 1
MGR	Jason Annino 15518 Rayvista Dr
	Clermont, FL 34714
(Use attachment if necessary)	
(Use attachment if necessary)	
LE V: Effective date, if other than the	date of filing:
LE V: Effective date, if other than the ffective date is listed, the date must be	date of filing:
LE V: Effective date, if other than the ffective date is listed, the date must be of filing.)	date of filing: (OPTIONAL) ne specific and cannot be more than five business days prior to or 90 days afte
LE V: Effective date, if other than the ffective date is listed, the date must be	date of filing: (OPTIONAL) ne specific and cannot be more than five business days prior to or 90 days afte
LE V: Effective date, if other than the ffective date is listed, the date must be of filing.)	date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days afte
LE V: Effective date, if other than the ffective date is listed, the date must be of filing.)	date of filing: (OPTIONAL) ne specific and cannot be more than five business days prior to or 90 days afte
LE V: Effective date, if other than the ffective date is listed, the date must be of filing.)	date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 90 days afte
LE V: Effective date, if other than the ffective date is listed, the date must be of filing.) LE VI: Other provisions, if any.	date of filing:
LE V: Effective date, if other than the ffective date is listed, the date must be of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	Sew Annua
LE V: Effective date, if other than the ffective date is listed, the date must be of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section)	a member or an authorized representative of a member.
LE V: Effective date, if other than the ffective date is listed, the date must be of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation)	a member or an authorized representative of a member.
LE V: Effective date, if other than the ffective date is listed, the date must be of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false)	a member or an authorized representative of a member.
LE V: Effective date, if other than the ffective date is listed, the date must be of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false)	a member or an authorized representative of a member.

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