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15 MAY 13 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GERALD S. LESHER

Attorney · Civil Law Notary · Consultant

511 South Olive Ave
West Palm Beach, FL 33401

561-471-7155
lesherlaw@aol.com
www.geraldlesher.com

May 8, 2015

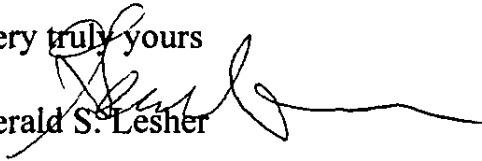
Registration Section
Division of Corporations
PO Box 6327
Tallahassee FL 32314

Enclosed please find Articles of incorporation for FOOTBALL REASERCH
INSTITUTE LLC and a check for \$125.00.

If you have any questions please call

Very truly yours

Gerald S. Leshner



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FOOTBALL RESEARCH INSTITUTE LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GERALD S. LESHER

Name of Person

Firm/Company

511 S OLIVE AVE

Address

WEST PALM BEACH FLORIDA 33401

City/State and Zip Code

LESHERLAW@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GERALD S. LESHER

561

4717155

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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:

FOOTBALL REASEARCH INITITUTE 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:

511 S OLIVE AVE
WEST PALM BEACH FL 33401

Mailing Address:

511 S OLIVE AVE C/O GSL
WEST PALM BEACH FL 33401

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

GERALD S. LESHER

Name

511 S OLIVE AVE

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

WEST PALM BEACH FLORIDA 33401

City

State

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.

Gerald S. Lesh

Registered Agent's Signature (REQUIRED)

(CONTINUED)

15 MAY 13 PM 2:45
OFFICE OF THE
CLERK OF THE
SOLICITOR GENERAL
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

MAHI HUTURI

PO BOX 2193

WEST PALM BEACH FL 33402

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true: I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

GERALD S. LESHER

Typed or printed name of signee

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)

15 MAY 2015
PM 2:45
STATE OF FLORIDA
DEPARTMENT OF STATE