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(Ře	questor's Name)	_
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PICK-UP	☐ WAİT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

	Registration Section Division of Corporations
SUBJEC	T:
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Dina Ramadan Name of Person
	DW Sports Masters, LLC Pirm/Company
	3812 Misty Willow Way
	Lutz, FL 33558 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Dan White
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00	Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$\text{\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\text{\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}\$
	Mailing Address Street Address
	New Filing Section New Filing Section
	Division of Corporations Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 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:			
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:			
3812 Misty Willow Way Lutz, FL 33558) Lutz, FL 33558			
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:			
Dan Wnite Name			
12702 Hollow Hunt Ct # 302 Florida street address (P.O. Box NOT acceptable)			
Tampa FL 33625 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	
"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager M & C	Dan White 12702 Hollow Hurt (+ # 302 Tampa, FL 33625
MGR	Toel Chavez 3812 Misty Willow Way Lutz, FL 33558
MGR	Dina Ramadan 3812 Misty Willow Way Lutz, FL 33558
(Use attachment if necessary)	
the date of filing.)	d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as
and accounted to orientiful date on the population of state	
ARTICLE VI: Other provisions, if any.	

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)

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