Florida Department of State Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170002615873)))



H170002615973ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 : (305)444-4994 Phone

: (305)444-4977 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. THE BASEBALL CLUB LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The o	300eball Club	outc.		
(Must end wi	ith the words "Limited Liab	ility Company, "L.L.(C.," or "LLC.")	 -
ARTICLE II - Address: The mailing address and street add	iress of the principal office	of the Limited Liabili	ry Company is:	
Principal	Office Address:		Mailing Address:	
9590 SW	40 Street	9590	34 40 Street	·
Miani, FL	23165	_ Mean	FL 23165	
ARTICLE III - Registered Agen (The Limited Liability Company of another business ontity with an ac	nt, Registered Office, & Registration Serve as its own Registration.)	istered Agent. 1 on the	mature: est designate an individual	1
ARTICLE III - Registered Agen (The Limited Liability Company of smother business outity with an ac	nt, Registered Office, & Registration Serve as its own Registration.)	istered Agent. 1 on the	mature: est designate an individual	17. OCT -4
ARTICLE III - Registered Agen (The Limited Liability Company of smother business outity with an ac	nt, Registered Office, & Registration Serve as its own Registration.)	on are: Yanda me O Struct	ise designate an individual	17 OCT

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 postilon as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 df2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	michael Miranda 9590 Dul 40 St.
	Misni, FL 33165
	
(Use attachment if necessary) LE V: Effective date, if other than the difference date is listed, the date must be	tate of filing:
LE V: Effective date, if other than the differtive date is listed, the date must be of filing.) If the date inserted in this block does not ment's effective date on the Department.	of meet the applicable standary filing requirements, this date will not be
LE V: Effective date, if other than the differtive date is listed, the date must be of filing.) If the date inserted in this block does not ment's effective date on the Department.	of meet the applicable standary filing requirements, this date will not be
LE V: Effective date, if other than the differtive date is listed, the date must be of filing.) If the date inserted in this block does not unnent's effective date on the Department of the Dep	of meet the applicable standary filing requirements, this date will not be lent of State's records.
LE V: Effective date, if other than the diffective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Department of the Depart	of meet the applicable statutory filing requirements, this date will not be lear of State's records.
LE V: Effective date, if other than the diffective date is listed, the date must be e of filing.) If the date inserted in this block does not ment's effective date on the Department's effective date on the Department's CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is explain aware that any focusions a third de	of meet the applicable standary filing requirements, this date will not be learn of State's records. State's records. Immunes or an authorized representative of a member. Secured in accordance with section 605.0203 (1) (b), Florida Standes. Salise information submitted in a document to the Department of State gree felony as provided for in 2.817.155, F.S.
LE V: Effective date, if other than the diffective date is listed, the date must be e of filing.) If the date inserted in this block does not ment's effective date on the Department's effective date on the Department's CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is explain aware that any focusions a third de	or meet the applicable statutory filing requirements, this date will not be learn of State's records. I member or an authorized representative of a member. Secured in accordance with section 605.0203 (1) (b). Florida Statutes. This information submitted in a document to the Department of State.

Page 2 of 2