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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000008819 Phone

: (305)552-5973

Fax Number : (305)675-5944

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		FLORIDA LIMITED LIABILITY CO. PAINTBALL SPORTS MIAMI LLC		
ln	Certificate of Status	1		
	Certified Copy	0		
<del>-</del>	Page Count	03		
	Estimated Charge	\$130.00		

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	DEC 2
PAINTBALL SPORTS MIAMI LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Company is:	Liability
11164 WEST FLAGIER ST. Miami FL 33174	<u> </u>
MIAMI FL 33174	
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	
11164 West Velogla, St. Yearni FT 33174 RICARDO DO NASCIMIENTO RODRI	GUE S
ARTICLE IV The name and title of each person authorized to manage and control the Limit Liability Company: (MGR or AMBR)  RICARDO DO NASCIMIENTO RODRIGO	
(AMBR)	

Required Signatures:

Multitude

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.

KICARDO DO NASCIMIENTO
Typed or printed name of signee RODRIGUEZ

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 reflected agent as provided for in Chapter 565, F.S..

Registered Agent's Signature (REQUIRED)

\* EFFECTIVE 01-01-2019