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To:

Division of Corporations

Fax Number : (850)617-6381

From: Carrie Ramos, FRP, Paralegal - PLEASE FAX CONFIRMATION TO 407 244-5690

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078 Phone : (407)843-8880 Fax Number : (407)244-5690

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

Email Address: gshibly@orlandocitysc.com

FLORIDA LIMITED LIABILITY CO.

Orlando City Soccer Development Academy Company, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I Name

The name of this Limited Liability Company is:

Orlando City Soccer Development Academy Company, LLC

ARTICLE II Address

The initial mailing address and street address of the principal office of this Limited Liability Company is:

722 W. Central Blvd. Orlando, FL 32805

ARTICLE III Management

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

ARTICLE IV Initial Board of Managers

This Limited Liability Company shall have two (2) managers initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be less than one (1).

The names and addresses of the initial managers of this Limited Liability Company are as follows:

Name	Street Address	19 19 E
Alexandre Leitao	722 W. Central Blvd. Orlando, FL 32805	
Flavio Augusto da Silva	722 W. Central Blvd.	2: 0 : SLATE DRIDY

ARTICLE V Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Michael E. Neukamm 301 E. Pine Street, Suite 1400 Orlando, FL 32801

Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, the undersigned hereby accepts this appointment and agrees to act in this capacity. The undersigned agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the obligations of the undersigned's position as registered agent, as provided for in Chapter 605, Florida Statutes.

REGISTERED AGENT'S SIGNATURE

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 in Section 817.155, Florida Statutes.

AUTHORIZED REPRESENTATIVE'S SIGNATURE

Michael E. Neukamm, Authorized Representative
Type or printed name of signee

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