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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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J. FASON APR 15 2019

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Legendary Sports Brayd 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:
Reynald Madhere Name of Person
Firm/Company
3040 N.W 68th Street Apt 202
Fort Lander dale F1 33309 City/State and Zip Code Zentey 41 & John 00. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Reynald Machereat (970) 412-0391 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\int \text{S125.00 Filing Fee} \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy} (additional copy is enclosed) \$\int \text{S160.00 Filing Fee}, \text{Certified Copy} (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

4-5-5-4
ARTICLE 1 - Name: The name of the Limited Liability Company is:
Legendary Sports Brand 12-1. C" Must contain 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: Mailing Address: Fort Laudeor dule FL, 33309
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: Topical Simplice Name State Simplice
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)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Reynald Madhere
"MER"	3040 N.W 68th St Apt 202 Fort Landerdale F1, 33309
"AMBR"	Marie Madhere
	Central Islip, N.41/722
(Use attachment if necessary)	
If an effective date is listed, the date must be spe he date of filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after eet the applicable statutory filing requirements, this date will not be listed a of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	rold Madhere
This document is execute I am aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.

as

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)