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NAME: EARLYSCORES, LLC

TYPE OF FILING: ARTICLES

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COVER LETTER

	lew Filing Section Division of Corporations		
SUBJECT	EarlyScores, LLC		
JOBJECT		ne of Limited Lia	bility Company
The enclos	sed Articles of Organization and	fee(s) are submit	ted for filing.
Please retu	ırn all correspondence concernin	g this matter to th	ne following:
	Elisia Millett		
		Name	of Person
	Hutchison, PLLC		
		Firm	Company
	3110 Edwards Mill Road, Suit	e 300	
		Ad	ldress
	Raleigh, NC 27612		
		City/State	and Zip Code
	E-mail address: (to	be used for futur	e annual report notification)
For further i	nformation concerning this matte	er, please call:	
	Elisia Millett	919	829-4307
	Name of Person	at (Area Code	Daytime Telephone Number
Enclosed is	s a check for the following amous	nt:	
]\$1 25.00 Fi	_	ee & S155	5.00 Filing Fee & S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:			
EarlyScores, LLC	-11	1 interior Co	W 1 C " - W 1 C "	
(Must cont	ain the words "Limited	Liability Con	npany, "L.L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal (office of the L	imited Liability Company is.	:
<u>Princip</u>	al Office Address:		Mailing A	ddress:
9015 Strada Stell Co Naples, FL 34109	urt #203		9015 Strada Stell Court #3 Naples, FL 34109	203
(The Limited Liability Company another business entity with an author and the Florida street and the Florida stree	ictive Florida registratio	on.)	egeni. Tou musi designate an	-
	9015 Strada Stell Co	m a #203		
	Florida street addres		NOT acceptable)	-
	Naples	FL	34109	_
	City	State	Zip	
laving been named as registered a place designated in this certificate, further agree to comply with the pr am familiar with and accept the ob	I herehy accept the apportions of all statutes religations of my position Jacob Bucklud	cointment as re elating to the as registered	egistered agent and agree to c proper and complete perform	act in this capacity. I cance of my duties, and I
		(00)	LED.	

(CONTINUED)

Title:		Name and Address:
	uthorized Member	
"MGR" = Mai		Jacob Dunkhait
MGR		Jacob Buckheit 9015 Strada Stell Court
		Naples, FL 34109
		
		
<u> </u>		
CLEV: Effective	nt if necessary) date, if other than the date of	f filing: (OPTIONAL)
TLE V: Effective iffective date is lite of filing.) If the date insertection	date, if other than the date of isted, the date must be specied in this block does not meed date on the Department of	ific and cannot be more than five business days prior to or 90 day et the applicable statutory filing requirements, this date will not be
CLEV: Effective effective date is lie of filing.) If the date inserte	date, if other than the date of isted, the date must be specied in this block does not meed date on the Department of	ific and cannot be more than five business days prior to or 90 day et the applicable statutory filing requirements, this date will not be
CLE V: Effective effective date is line of filing.) If the date inserteument's effective CLE VI: Other pro-	date, if other than the date of isted, the date must be specied in this block does not meed date on the Department of	ific and cannot be more than five business days prior to or 90 day et the applicable statutory filing requirements, this date will not be
CLE V: Effective effective date is line of filing.) If the date inserteument's effective CLE VI: Other pro-	date, if other than the date of isted, the date must be specied in this block does not meet date on the Department of ovisions, if any.	ific and cannot be more than five business days prior to or 90 day et the applicable statutory filing requirements, this date will not be
CLE V: Effective effective date is line of filing.) If the date inserteument's effective CLE VI: Other pro-	date, if other than the date of isted, the date must be specied in this block does not mere date on the Department of ovisions, if any. SIGNATURE: Jack Bukkuit Signature of a mem This document is executed I am aware that any false in	ific and cannot be more than five business days prior to or 90 day et the applicable statutory filing requirements, this date will not be
CLE V: Effective effective date is line of filing.) If the date inserteument's effective CLE VI: Other pro-	ed ate, if other than the date of isted, the date must be specied in this block does not me to date on the Department of ovisions, if any. SIGNATURE: Jack Buckluif Signature of a mem This document is executed I am aware that any false in constitutes a third degree for Jacob Buckheit, Ma	the applicable statutory filing requirements, this date will not be 'State's records. ber or an authorized representative of a member. It in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)