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2020 FEB 10 AH 10: 20 SECRETARY OF STATE

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FEB 1 1 2020

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE: 174348 103854A
AUTHORIZATION: Spelle Reson
COST LIMIT : \$ 125.00
ORDER DATE : February 7, 2020
ORDER TIME : 10:07 AM
ORDER NO. : 174348-005
CUSTOMER NO: 103854A
DOMESTIC FILING
NAME: PLAY PADEL USA: ZEPHYRHILLS, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Kadesha Roberson - EXT.
EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ZUZU FEB 10 AH 10: 20
ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	SECRETALL OF STATE TALLAHASSEE, FL
Play	Padel USA: Zephyrhills, I.LC
(Must conatin the words "Lin	nited Liability Company, "L.L.C.," or "LL.C.")
ADTICLE II. Address.	
ARTICLE II - Address: The mailing address and street address of the princ	ipal office of the Limited Liability Company is:
•	
The mailing address and street address of the princ	
The mailing address and street address of the princ Principal Office Address	: Mailing Address:

The name and the Florida street address of the registered agent are:

Corporation Service	Company	
	Name	 · · ·
1201 Hays Street		
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Tallahassee	FL	32301
City	State	Zip

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..

Corporation Service Company

By Full Wave Robert M. Melchiorre, Asst. VP

Registered Agent's Signature (REQUIRED)

(CONTINUED)

AMBR Lee Sponaugle Lags Reading Road, Suite 400 Mohnton, PA 19540 AMBR Scott Grote 1499 Reading Road, Suite 400 Mohnton, PA 19540 We attachment if necessary) We Effective date, if other than the date of filing: tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 defiling) he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ent's effective date on the Department of State's records. We Other provisions, if any. REOURED SIGNATURE: Signature of a member or an approximate representative of a member. This document is excepted in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Lee Sponaugle Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$5.00 Certificate of Status (Optional)	AAIDN - *	Authorized Mambor	
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The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-