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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Certified Oopies	Certificates	Oi Otatus
Special Instructions to	Filing Officer:	
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COVER LETTER

	ew Filing Section ivision of Corpora	tions			
SURJECT	Shine Sports & I	Entertainment LLC			
JOHOLE		Name of	Limited Liabili	ty Company	
The enclos	ed Articles of Organ	nization and fee(s)	are submitted	for filing.	
Please retu	rn all corresponden	ce concerning this	matter to the f	ollowing:	
	Alexander Castro				
			Name of	Person	
					<u> </u>
			Firm/Co	mpany	
	801 SW 72nd Ave	enue			
			Addr	288	
	Pembroke Pines, I	FL 33023			
		- · · - · · ·	City/State and	d Zip Code	
	shinesportsmgt@gr				
	E-mai	address: (to be us	sed for future a	nnual report notificat	ion)
For further i	nformation concern	ing this matter, $pl\epsilon$	ease call:		
	Alexander Castro	at	954 (326-1200	
	Name of P	erson	Area Code	Daytime Telephon	e Number
Enclosed i	s a check for the fol	lowing amount:			
□\$125.00		1130.00 Filing Fee rtificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	■\$160.00 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Shine Sports & Entertainment LLC (Must contain the words "	Limited Liability Company, "L.L.C.," or "LLC.")
CLE II - Address:	
iling address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Addr	ress: Mailing Address:
801 SW 72nd Avenue	801 SW 72nd Avenue
	Pembroke Pines, FL 33023

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

Alexander Castro		
,	Name	
801 SW 72nd Avenue	2	
Florida street address	(P.O. Box <u>NOT</u> ac	cceptable)
Pembroke Pines	FL	33023
Cîty	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..

Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

Title:

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

Name and Address:

MGR	Alex Castro	
	801 SW 72nd Avenue	
	Pembroke Pines, FL 33023	
11 (1) D	Community and the	
AMBR	Corey Westfall 101 Meadowlook Way	
	Boulder, CO 80304	
		
(Use attachment if necessary)		
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