

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BLACK WINDOW BASEBALL LLC

Signature _____

Requested by: Seth

06/23/21

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

172 Ponders Printing • Thomasville GA 30916

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

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ARTICLES OF ORGANIZATION
OF
BLACK WIDOW BASEBALL, LLC
(a Florida Limited Liability Company)

The undersigned executes these Articles of Organization to form a limited liability company under the laws of the State of Florida, and declares that the following articles shall serve as the charter and authority for the conduct of business of the limited liability company.

ARTICLE I.
NAME

The name of the limited liability company is BLACK WIDOW BASEBALL, LLC.

ARTICLE II.
ADDRESS

The mailing address and street address of the principal office of the limited liability company is:

Principal Office Address:

12717 20th Street East
Parrish, FL 34219

Mailing Address:

12717 20th Street East
Parrish, FL 34219

ARTICLE III.
REGISTERED AGENT, REGISTERED OFFICE,
REGISTERED AGENT'S SIGNATURE

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

WILLIAM GAULTER
12717 20th Street East
Parrish, FL 34219

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

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accept the obligations of my position as registered agent as provided for in chapter 608, Florida Statutes.


Registered Agent Signature


WILLIAM GAULTER, Member

(This document is executed 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.)

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J. E. D.
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