

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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fo:		Aug
	Division of Corporations	る。政策
	Fax Number : (850)617-6381	HAS
rom:		(*:
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 120000000019	12. 12. 12. 12. 12. 12. 12. 12. 12. 12.
	Phone : (305)552-5973 Fax Number : (305)675-5944	9: 34 FL
	Fax Number : (305)675-5944	•

FLORIDA LIMITED LIABILITY CO. SOJO SPORT GROUP, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		District District Contract	رفرا	
ARTICLE I - Name:			ોં	
The name of the Limited Liability	v Company is:		4	
	,pans, 10.			
6010.00000				
SOJO SPORT GROU	P, LLC			
(Must conta	in the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	- 1	
ARTICLE II - Address:				
The mailing address and street address of the principal office of the Limited Liability Company is:				
The maining address and street ac	dress of the principal office o	of the Limited Liability Company is:		
<u>Principa</u>	Office Address:	Mailing Address:		
8430 SW 40TH STRE	ET	8430 SW 40TH STREET		
MIAMI, FL 33155		MIAMI, FL 33155		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own Regist	gistered Agent's Signature: tered Agent. You must designate an individu		2021
The name and the Florida street a	ddress of the registered agent	are:		1 AUG
	LUIS SOJO		22 47 5 24 13	
Name 8430 SW 40TH STREET				- съ
				AM
•	Florida street address (P.O.	Box NOT acceptable)		ب ف

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 635, F.S..

FL

State

33155

Zip

MIAMI

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

LUIS SOJO

A	R	TI	CT	\mathbf{F}	IV-	

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR - Mallager	LUIS SOJO	
	8430 SW 40TH STREET	
	MIAMI, FL 33155	
	Mite (MI), FE 53133	
MGR	JUAN C MURILLO	
	8430 SW 40TH STREET	
	MIAMI, FL 33155	- <u> </u>
	(A) A A II C 23 1 2 2	
MGR	PEDRO COLMENARES	
	8430 SW 40TH STREET	<u> </u>
	0430 311 40 IN 31 REE1	
		- 2° 3° .
MGR	JUAN C POMPA GAMEZ	
	8430 SW 40TH STREET	
	OFOU SAY TOTA STREET	
(Use attachment if necessary)		- 1000年
(Ose mediation it necessary)		
ARTICLE V: Effective date, if other than the date	of filing- 08/18/2021	(OPTIONAL)
(If an effective date is listed, the date must be spe	cific and cannot be more than five business	demonstration on a
the date of filing.)	and and conduct be more than live business	days prior to or yo days after
Note: If the date inserted in this block does not m	eet the applicable statutory filing requirement	er elike daskinisti — a b. bis. bis. b
the document's effective date on the Department of	of State's records	is, it is date will not be listed a
	or brute 3 records.	
ARTICLE VI: Other provisions, if any. ANY AND ALL LAWFUL BUSINESS		
ANY AND ALL LAWFUL BUSINESS		
		
REOUIRED SIGNATURE:		***
- 1	C	•
X pris	logue	1. L. C.
Signature of a mer	nber or an authorized representative of a	member
I his document is execute	of in accordance with section 605,0203 (1) (1	n) Florida Statutes
i am aware that any taise	information submitted in a document to the I	Department of State
constitutes a third degree	felony as provided for in s.817.155, F.S.	

Typed or printed name of signee