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Division of Corporations

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FLORIDA LIMITED LIABILITY CO.

Slugger Capital LLC

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COVER LETTER

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SUBJEC	Slugger Capi F:	ital LLC							
505010		Name o	f Limit	ed Liabilit	y Company		-		
The enclos	sed Articles of C	Organization and fee(s) are s	ubmitted f	or filing.				
Please reti	ım all correspon	dence concerning th	is matte	er to the fo	llowing:				
	Laura C. Pyne	, Esq.							
				Name of I	Person				
	Pyne Law Gro	oup, P.A					6	2021	
				Firm/Con	npany			*0	1
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	Panama City,	Florida 32405						10: 36	¥ ₂₂₂
	laurapyne@pyn	nelawgroup.com	City	/State and	Zip Code			Ģ,	
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For further		cerning this matter, r			·				
	Laura C. Pyne	a	850-	•	215-9090				
	Name	of Person	`	1 Code	Daytime Telephon	e Number	_		
Enclosed i	s a check for the	following amount:							
□\$125.00) Filing Fee	■\$130.00 Filing For Certificate of Statu	S	Certifie	.00 Filing Fee & d Copy copy is enclosed)	Certificat Certified	O Filing Fee, e of Status & Copy copy is enclosed)	
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New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLE I - Name: The name of the Limited Liabil	lity Company is:					
Slugger Capital LL						
(Must co	ntain the words "Limited	Liability Company, `	'L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street	address of the principal o	ffice of the Limited	Liability Company is:			
<u>Princi</u>		Mailing Address:				
7005 W. Balmoral Rogers, AR, 72758		W. Balmoral Drive				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Laura C. Pyne, Esq. Name						
2309 Frankford Avenue, Suite A						
Florida street address (P.O. Box NOT acceptable)						
	Panama City	Florida	32405			
	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 of provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager MGR Stephen T. Schmitt 7005 W. Balmoral Drive Rogers, AR, 72758 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a 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.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)