

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

**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.

((H22000063932 3)))



H220000639323ABC.

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

**To:**

Division of Corporations  
 Fax Number : (850)617-6381

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
 Account Number : I20000000019  
 Phone : (305)552-5973  
 Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

2022 FEB 17 AM 9:32  
 FILED  
 DEPT OF STATE

**FLORIDA LIMITED LIABILITY CO.**  
**PLAY PADEL TECHNOLOGY LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")*

PLAY PADEL TECHNOLOGY LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

8260 NW 70TH STREET, MIAMI, FLORIDA 33166

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: *(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.)*

CARLOS M BAEZ 8306 MILLS DR No 373 MIAMI, FL 33183

**ARTICLE IV-**

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

LISANDRO JORGE BORGES - AMBR  
SEBASTIAN VEKSELMAN - AMBR

**Required Signatures:****Signature of a member or an authorized representative of a member.**

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.

**LISANDRO JORGE BORGES****Typed or printed name of signee**

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..

**Registered Agent's Signature (REQUIRED)**

DEPARTMENT OF STATE

2022 FEB 17 AM 9:32

FILED