

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.

(((H22000186219 3)))



H220001862193ABC+

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 : SHUTTS & BOWEN LLP (ORLANDO)

Account Number : I20030000004 Phone : (407)835-6769 Fax Number : (407)843-4076

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

corpmail@shutts.com

Email Address:\_\_

# FLORIDA LIMITED LIABILITY CO. USPA Polo Center Sport Operations LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

(((H22000186219 3)))

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name

The name of the Limited Liability Company is:

## USPA POLO CENTER SPORT OPERATIONS LLC

### ARTICLE II - Address

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

12012 South Shore Boulevard, #102 Wellington, Florida 33414

## ARTICLE III - Management

The Company shall be managed by one or more members, and is thus a member-managed limited liability company. The initial members shall be United States Polo Association, an Illinois not for profit corporation doing business in the State of Florida as United States Polo Association, Inc., all with an address of 12012 South Shore Blvd., STE #102, Wellington, FL 33414.

# ARTICLE IV - Registered Agent and Office and Registered Agent's Signature

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

Craig T. Galle 13501 South Shore Boulevard Suite 103 Wellington, Florida 33414 CABLE AND/OR YIDEO FRANCHISING OIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

2022 MAY 26 PM 6: 20

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, Florida Statutes.

(Registered Agent's Signature)

Craig T. Galle

Signature of a member or an authorized representative of a member

Chris Green, as Authorized Representative

(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, Florida Statutes)