# LZZCZO 242893

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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2022 JUN 28 PH 6: 14

# CAPITAL CONNECTION, INC.

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

LifeWallet Sports, LL	С				
	<del></del> .				
					<u></u>
				Art of Inc. File	
	<del></del>			LTD Partnership File	
				Foreign Corp. File	
		!		L.C. File	
			<del></del>	Fictitious Name File	
				Trade/Service Mark	
				•	
			<u></u>	RA Resignation	
			<u></u>	Dissolution / Withdrawal	
		l		Annual Report / Reinstatement	
				Cert. Copy	
				Рһою Сору	
			<u> </u>	Certificate of Good Standing	
			ļ <u> </u>	Certificate of Status	
				Certificate of Fictitious Name	
				Corp Record Search 2022	
				Officer Search	
				Fictitious Search 28	THE PERSON NAMED IN
Signature	<del></del> ,			Fictitious Owner Search Search	111
				venicle Search	U
	<b></b>			Driving Record	
Requested by: SETH	06/28			UCC 1 or 3 File	
Name	Date	Time		UCC 11 Search	
117 11 7				UCC 11 Retrieval	
Walk-In	Will Pick Up			Courier	

## COVER LETTER

	New Filing Section Division of Corporations			
emb neg	LifeWallet Sports, LLC			
SUBJEC		Limited Liabilis	y Company	<del></del>
The enclo	osed Articles of Organization and fee(s	) are submitted	for filing.	
Please ret	urn all correspondence concerning this	s matter to the fo	ollowing:	
	Joey Rodriguez			
		Name of I	Person	
		Firm/Cor	npany	
	2701 S Le Jeune Road, 10th Floor			
		Addre	ss	
	Coral Gables, FL 33134			
		City/State and	Zip Code	
	rdeleon@ruizinvestments.com			
	E-mail address: (to be u		іпиаі героп поннса	uon)
For further	information concerning this matter, pl	ease call:		
	Joey Rodriguez	305	614-2222	
	Name of Person		Daytime Telephor	ne Number
Enclosed	is a check for the following amount:			
\$125.00 I	Filing Fee S130.00 Filing Fee & Certificate of Status	Certifie	) Filing Fee & d Copy I copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	ş	Street Address	2022

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 2022 JUN 28 PM 6: 14

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limi	ted Liability Company is:			
LifeWalle	t Sports, LLC			
	(Must contain the words "Limited I	iability Company.	"L.L.C" or "LLC.")	
ARTICLE II - Addr. The mailing address a	ess: nd street address of the principal of	fice of the Limited	Liability Company is:	
	Principal Office Address:		Mailing Address:	
2701 S Le Jeune Road, 10th Floor Coral Gables, FL 33134			2701 S Le Jeune Road, 10th Floor Coral Gables, FL 33134	
(The Limited Liability another business entit	ty with an active Florida registration	Registered Agent.	nt's Signature: You must designate an individual or	
The name and the Flo	rida street address of the registered	agent are:		
	Joey Rodriguez			
		Name		
	2701 S Le Jeune Road	d, 10th Floor		
	Florida street address	(P.O. Box <b>NOT</b> a	cceptable)	
	Coral Gables	FL	33134	
	City	State	7in	

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.,

Jory Rodrigues

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 JUN 28 PH 6: 14

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

<u>Title:</u> "AMBR" = Authorized Me	Name and Address:	
"MGR" = Manager MGR	John II. Ruiz II 2701 S Le Jeune Road, 10th Floor Coral Gables, FL 33134	
<del> </del>		
(Use attachment if necessar		
ARTICLE V: Effective date, if other (If an effective date is listed, the date the date of filing.)	he date of filing: 6/27/2022 . (OPTIONAL)  t be specific and cannot be more than five business days prior to or 90 days  es not meet the applicable statutory filing requirements, this date will not be list  rument of State's records.	
ARTICLE VI: Other provisions, if an		<b>-</b>
REQUIRED SIGNATUR	Decusigned by:	_
This docur I am aware	of a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b). Florida Statutes. Eny false information submitted in a document to the Department of State I degree felony as provided for in s.817.155, F.S.	

John II. Ruiz II Typed or printed name of signee

### Filing Fees:

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)