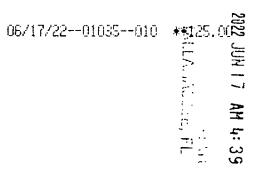
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(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Na	me)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

	w Filing Sect rision of Cor			
SUBJECT:	Sterl	Name of Lim	tellworth Spor	ts Monagenerat
The enclosed	! Articles of (Organization and fee(s) are	submitted for filing.	
Please return	all correspo	ndence concerning this mat	ter to the following:	
-	<u> </u>	Rodenze Hor	Name of Person	
-	<u>.</u>		Firm/Company	
-		105 N.	Foldwirds & Address	Street
-		Plant (it	1 FL 335 ty/State and Zip Code	
_		rodence	Or future annual report notificati	demyfl. com
				ion)
For further inf	ormation cor	cerning this matter, please	call:	Ž.
_	Rocler Name		ea Code Daytime Telephon	
Enclosed is	a check for th	e following amount:		,,,
♥\$ 125.001	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	·	2 Address ling Section	Street Address New Filing Section D	ivision

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 2022 JUN 17 AM 4: 35

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Stall Was (Must contain	to and the words "Limite	Ste. Hwe1+h ed Liability Company.	Sports Mur	naugnent Lil	,
ARTICLE II - Address: The mailing address and street address	ress of the principa	al office of the Limited	Liability Company is:		
Principal.	Office Address:		Mailing Ad	ldress:	
310 Shella	Blocke	Drive 3523			
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an act	unnot serve as its o	wn Registered Agent.		individual or	
The name and the Florida street ad-					
	Poder	ick Hende Name	(SV)		
•		Name			
			cls Streit	=	
		ress (P.O. Box <u>NOT</u> a			
	Plans	C(L) FL State	33503		
	City	State	Zip		D2
Having been named as registered age place designated in this certificate, I i further agree to comply with the prov am familiar with and accept the oblig	hereby accept the a isions of all statute actions of my positi	appointment as register as relating to the proper	ed agent and agree to a cand complete perform as provided for in Chap	ect in this capacity—[ance of my duties, and [2622 JUN 17 AM 4

(CONTINUED)

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Bryan + Stallworth
AMBR	Clifford Stallworth 310 Shelly Brace Dive
(Use attachment if necessary)	
fective date is listed, the date must be s of filing.) f the date inserted in this block does not	tte of filing:
fective date is listed, the date must be s of filing.) If the date inserted in this block does not iment's effective date on the Department. EVI: Other provisions, if any	specific and cannot be more than five business days prior to or 90 days at meet the applicable statutory filing requirements, this date will not be list
fective date is listed, the date must be sof filing.) If the date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 days at meet the applicable statutory filing requirements, this date will not be list not of State's records.
rective date is listed, the date must be sof filing.) If the date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a rection of the Department is executed in the document is executed in a ware that any fall.	specific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not belign to of State's records.

Filing Fees:

\$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)