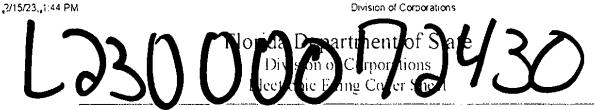
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SETH Z JOSEPH, P.A.

Account Number : I20220000035 Phone : (305)445-5383 Fax Number : (305)445-5384

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

Email Address:____

FLORIDA LIMITED LIABILITY CO. PRO PADEL GROUP US, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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| ٠,١ | ĸ | 11 | 1.1 | J.F. | . ``. | me: |

The name of the Limited Liability Company is

PRO PADEL GROUP US, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC")

ARTICLE II - Address:

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

From: 3054455384

| Principal Office Address: | Mailing Address: |
|---------------------------|----------------------|
| 1221 BRICKELL AVENUE | 1221 BRICKELL AVENUE |
| SUITE 928 | SUITE 928 |
| MIAMI, FL 33131 | MIAMI, FL 33131 |

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

| Seth Z. Joseph | Name | |
|------------------------|--|------------|
| 255 Albambra Circl | e, Suite 600 ss ₃ P.O. Box <u>NOT</u> ac | roantables |
| I forest street moure. | 88 (1 ; C 1)03 <u>2101</u> at | серииле |
| Coral Gables | Fl. | 33134 |
| 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 as provided for in Chapter 605, F.S.,

Seth Z. Joseph
Registered Agent Bignature (REQUIRED)

(CONTINUED)

H23000059980-3

Seth Joseph Lau Webfax

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H23000059980.3

| <u>Title:</u> "AMBR" = Autho | arizad Mambar | Name and Address: |
|--|--|--|
| MGR" = Manage | | |
| MGR | · | INIGO COLOMINA-FAJARDO |
| | | 1221 BRICKELL AVENUE, SUITE 928 MIAMI, FL 33131 |
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| EV: Effective date is listed filing.) the date inserted it is effective date. VI: Other provise EOURED SIG | e, if other than the date d. the date must be spon this block does not all on the Department ions, if any. NATURE: Signature of a mais document is executing aware that any false. | meet the applicable statutory tiling requirements, this date will not tof State's records |

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

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