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Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

From:

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Account Number : I20020000140 : (561)844-3600 Phone Fax Number : (561)842-4104

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

KD @ Cahen Norris. com

FLORIDA LIMITED LIABILITY CO. BOSTIC SPORTS PERFORMANCE, LLC

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Page Count	02
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Corporate Filing Menu

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TO: New Filing Section

COVER LETTER

Di	ivision of Corp	porations				
	BOSTIC SP	ORTS PERFORMAN	CE, LLC			
\$UBJECT	:	Name of	Limited Liabili	ty Company		
The enclos	ed Articles of (Organization and fee(s) are submitted	for filing.		
Please retu	m all correspo	ndence concerning this	s matter to the fo	ollowing:		
	Gregory R. C	lohen, Esq.				
		*	Name of	Person		_
	Cohen Notris	: Wolmer Ray Telepm	an Berkowitz C	ohen		
			Firm/Co	mpany		_
	712 U.S. Hig	hway One, Suite 400				
		<u></u>	Addro	css		_
	North Palm E	Beach, FL 33408				
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	KD@CohenN					_
	E	E-mail address: (to be t	ised for future a	nnual report notificatio	on)	
For further i	nformation cor	ncerning this matter, pl	ease call:			
	Karin Drakas	21	561	844-3600		
	Name	e of Person	Arca Code	Daytime Telephone	Number	
Enclosed i	s a check for th	ne following amount:			Euro.	
	Filing Fee	■\$130.00 Filing Fe Centificate of Status	Certific	5.00 Filing Fee & ed Copy el copy is enclosed)	口\$160.00 阳间实际 Certificate 查覧情us Certified Copy 寸 (additional copy)等如何	- Fi
	New Fi Divisio P.O. Be	g Address lling Section on of Corporations ox 6327 assec, FL 32314		Street Address New Filing Section Div The Centre of Tallahas 2415 N. Monroe Stree Tallahassee, FL 32303	ssee	D

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	y Company is:	
BOSTIC SPORTS PE	ERFORMANCE, LLC	
(Must conta	in the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
The mailing address and street ad	Idress of the principal office	of the Limited Liability Company is: Mailing Address:
	al Office Address:	

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:

Cohen Norris Wolmer	Ray Telepman Bo	rkowitz Cohen
	Name	
712 U.S. Highway On	e. Suite 400	
Florida street address	(P.O. Box <u>NOT</u> w	ocepuble)
North Palm Beach	FL	33408
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..

Registered Agent's Signature (REQUIRED

(CONTINUED)

23 MAR 21 PH I2: 35: SECRETARY OF STRING IALLAHASSEE, FLORIDA

Title:	Name and Address:
"AMBR" = Authorized M "MGR" = Manager	lember
MGR	JONATHAN BOSTIC II 3730 PELICAN BAY COURT
	WELLINGTON, FL 33414
(Use attachment if necess	
RTICLE V: Effective date, if oth	er than the date of filing:
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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)