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ALLAHASSEE, FLORIE

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COVER LETTER

	ng Section of Corporations			
SUBJECT:	Osceola Name	Youth	Baseba	11 LLC
	Name	of Limited Liab	olity Company	
The enclosed Arti	cles of Organization and fee	e(s) are submitt	ed for filing.	
Please return all c	orrespondence concerning t	his matter to the	e following:	
	Donald	Boy	121 Jr	
	Osceola	Youth	Baseb	
		Firm/(Company	
	9340	141/as	Dr	
	•	Ad	dress	
	st, C	loud	FL 3	4772
	Osceolar	City/State	and Zip Code Dase ball	4772 Qya/00.com
	E-mail address: (to/b	e used for future	annual report notificati	ion) /
For further informa	tion concerning this matter,	please call:		
Do	Name of Person	at (<u>4/0</u> 7 Area Code	Daytime Telephon	760/ e Number
Enclosed is a chec	k for the following amount	:		
□S125.00 Filing	Fee □\$130.00 Filing Certificate of Stat	us Cert	55.00 Filing Fee & ified Copy onal copy is enclosed)	Certificate of Status & Certificate Of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address	

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:						
The name of the Limited Liabi	lity Company is:					
	1	1.7	1.1	\bigcap) /)	•

(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:

Principal Office Address:	Mailing Address:
9340 Atlas Dr	9340 Atlas Dr
St. CLOUM FL	Sti Clour FL
24772	マレックス
- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•

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:

Doriald	Boye	21 Tr	
9340	Name 14/95	DC	
Florida street addres	s (P.O. Box NOT	acceptable)	— 34772
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)

Title;	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager $MAC P / MMD O$	Danald Royar TR	
THON HINGK	9341 b+105 171	
t .	540741110	
	JI. CIOUM 12 34712	
		
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ARTICLE IV-