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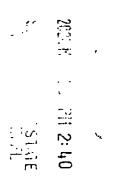
| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:<br>The name of the Limited Lia                   | ibility Company is:   |  |  |
|--|---|--|--|
|  | Cable Tennis LLC contain the words "Limited   | Liability Com  | pany, "L.L.C.," or "LLC.")   |
| ARTICLE II - Address:<br>The mailing address and stre              | eet address of the principal c  | office of the Li   | mited Liability Company is:  |
| Pri  | ncipal Office Address:  |  | Mailing Address:   |
| 1405 Silverthorn   | Dr Orlando, FL 32825  |  | 1405 Silverthorn Dr Orlando, FL 32825  |
|  | - "   |  | <del></del>  |
| another business entity with<br>The name and the Florida st        | <del>-</del>  | •  |  |
|  | 1405 Silverthorn Dr   | (D. O. D N   | 'OTthi-)   |
|  | Florida street addres   |  |  |
|  | Orlando<br>City   | FL<br>State  | 32825<br>Zip   |
| place designated in this certifi<br>further agree to comply with t | ered agent and to accept servicate, I hereby accept the app<br>the provisions of all statutes r<br>the obligations of my position | cice of process pointment as relating to the as registered | for the above stated limited liability company at the egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and I agent as provided for in Chapter 605, F.S  Signature (REQUIRED) |

(CONTINUED)

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

|  | horized Member   | Name and Address:  |                      |         |
|--|--|--|----------------------|---------|
| "MGR" = Mana <u>President</u>  | •  | Hung Tran 1405 Silverthorn Dr Orlando, FL 32825  |                      |         |
|  | <del></del>  |  |                      |         |
|  | . <u>-</u>   |  |                      |         |
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|  |  |  |                      |         |
| ffective date is lis   | late, if other than the date o   | of filing: 05/13/2024 (OPTIONA<br>cific and cannot be more than five business days prior   |                      | days af |
| CLE V: Effective of filing.) If the date inserte   | late, if other than the date o<br>ted, the date must be spec<br>d in this block does not me<br>date on the Department o  | cific and cannot be more than five business days prior<br>eet the applicable statutory filing requirements, this date  | to or 90 (           |         |
| CLE V: Effective of fective date is list of filing.)  If the date inserted cument's effective                    | late, if other than the date o<br>ted, the date must be spec<br>d in this block does not me<br>date on the Department o  | cific and cannot be more than five business days prior<br>eet the applicable statutory filing requirements, this date  | to or 90 (           | -       |
| CLE V: Effective of fective date is list of filing.)  If the date inserted cument's effective                    | late, if other than the date of ted, the date must be special in this block does not me date on the Department of visions, if any.   | cific and cannot be more than five business days prior<br>eet the applicable statutory filing requirements, this date  | to or 90 (           |         |
| CLE V: Effective of ffective date is list of filing.)  If the date inserte cument's effective CLE VI: Other pro  | late, if other than the date of ted, the date must be special in this block does not me date on the Department of visions, if any.  Signature of a men This document is execute I am aware that any false.                                     | eet the applicable statutory filing requirements, this date f State's records.   | to or 90 (e will not |         |
| CLE V: Effective of ffective date is list of filing.)  If the date inserte cument's effective CLE VI: Other pro  | late, if other than the date of ted, the date must be special in this block does not me date on the Department of visions, if any.  Signature of a men This document is execute I am aware that any false.                                     | eet the applicable statutory filing requirements, this date of State's records.  Inher or an authorized representative of a member. and in accordance with section 605.0203 (1) (b), Florida Sinformation submitted in a document to the Department felony as provided for in s.817.155, F.S.                                | to or 90 (e will not |         |
| CLE V: Effective of effective date is list of filing.)  If the date inserte cument's effective CLE VI: Other pro | late, if other than the date of ted, the date must be special in this block does not me date on the Department of visions, if any.  Signature of a men This document is execute I am aware that any false constitutes a third degree Hung Tran | eet the applicable statutory filing requirements, this date of State's records.  Inber or an authorized representative of a member of an accordance with section 605.0203 (1) (b), Florida Sinformation submitted in a document to the Department felony as provided for in s.817.155, F.S.  Typed or printed name of signee | to or 90 of will not | 2024    |
| CLE V: Effective of effective date is list of filing.)  If the date inserte cument's effective CLE VI: Other pro | late, if other than the date of ted, the date must be special in this block does not me date on the Department of visions, if any.  Signature of a men This document is execute I am aware that any false constitutes a third degree Hung Tran | eet the applicable statutory filing requirements, this date of State's records.  Inber or an authorized representative of a member of an accordance with section 605.0203 (1) (b), Florida Sinformation submitted in a document to the Department felony as provided for in s.817.155, F.S.  Typed or printed name of signee | to or 90 of will not |         |