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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

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Email Address:	
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## FLORIDA LIMITED LIABILITY CO. TP ELITE BASEBALL LLC

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## ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
TP ELITE BASEBALL LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
1415 Coruna Ave Coral Gables FL 33156
8-120
ARTICLE III - Registered Agent, Registered Office:  The name and the Florida street address of the registered agent are: (The Limite's Liabitity with an active Florida registration.)
Nijer Jamin Morgan 1415 Corunx Ave Coral Gables FL 33156
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
Nyjer Jamis Morgan - AMBR.

ば当 防·m·· EIN: 33-1366747

## Required Signatures:

3052201440

Signature of a member of an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

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)