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**EXAMINER** 

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

| Address  Tall Tall Tall Tall Tall Tall Tall Tal  | Request                  | pentar (Cance)                    | -          |                       |  |
|--|--------------------------|-----------------------------------|------------|-----------------------|--|
| Corporation Name(S) & DOCUMENT NUMBER(S), (if known):  1.  |                          |                                   | _          |                       |  |
| 1  | Tala T<br>City/State/Zip |                                   |            | Office Use On         | ly   |
| (Corporation Name)  2. (Corporation Name) (Document #)  3. (Corporation Name) (Document #)  4. (Corporation Name) (Document #)  Walk in Pick up time Certified Copy  Mail out Will wait Photocopy Certificate of Status  NEWFILINGS  Profit Resignation of R.A., Officer/ Director  Limited Liability Domestication Other  REGISTRATION/ Foreign Limited Partnership Reinstatement Trademark Other  Examiner's Initials  | CORPORATION NAM          | ME(S) & DOCUMENT NU               | MBER(S     | S), (if known):       | 08<br>08   |
| (Corporation Name)  (Corporation Name)  (Corporation Name)  (Corporation Name)  (Document #)  (Corporation Name)  (Document #)  (Corporation Name)  (Document #)  (Corporation Name)  (Document #)  (Corporation Name)  (Corporation Name)  (Document #)  (Corporation Name)  (Document #)  (Corporation Name)  (Corporation Name)  (Document #)  (Corporation Name)  (Corpo | 1. TSU SOR (Corporate    | mall Campo (I                     | Document   | F.                    | FILED FILED                                      |
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| Mail out  Will wait  Photocopy  Certificate of Status  AMENDMENTS  Amendment  Amendment  Resignation of R.A., Officer/ Director  Change of Registered Agent  Domestication  Other  Dissolution/Withdrawal  Other  Merger  Annual Report  Fictitious Name  Name Reservation  Resignation of R.A., Officer/ Director  Change of Registered Agent  Dissolution/Withdrawal  Dissolution/Withdrawal  Limited Partnership  Reinstatement  Trademark  Other  Examiner's Initials  | (Corporatio              | n Name) (I                        | Document i | <del>(</del> )        |  |
| Profit NonProfit NonProfit Cimited Liability Domestication Other  OTHER FILINGS Annual Report Fictitious Name Name Reservation  Name Reservation  Amendment Resignation of R.A., Officer/ Director Change of Registered Agent Dissolution/Withdrawal Merger  REGISTRATION OUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other  Examiner's Initials   |                          |                                   |            |                       |  |
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| Limited Liability  Domestication  Other  Dissolution/Withdrawal  Merger  PREGISTRATION  QUALIFICATION  Foreign  Limited Partnership  Reinstatement  Trademark  Other  Examiner's Initials  | Profit                   | Amendment                         |            |                       |  |
| Domestication Other  Dissolution/Withdrawal Merger  OTHER FILINGS Annual Report Fictitious Name Initiated Partnership Reinstatement Trademark Other  Examiner's Initials   | NonProfit                | Resignation of R.A., Officer/ Dir | ector      |                       | ·  |
| Other  Merger  OTHER FILINGS Annual Report Fictitious Name Name Reservation  Foreign Limited Partnership Reinstatement Trademark Other  Examiner's Initials  | Limited Liability        | Change of Registered Agent        |            |                       |  |
| OTHER FILINGS Annual Report Fictitious Name Name Reservation  Reinstatement Trademark Other  Examiner's Initials   | Domestication            | Dissolution/Withdrawal            |            |                       |  |
| Annual Report Fictitious Name Name Reservation  Foreign Limited Partnership Reinstatement Trademark Other  Examiner's Initials   | Other                    | Merger                            |            |                       |  |
| Fictitious Name  Name Reservation  Foreign  Limited Partnership  Reinstatement  Trademark  Other  Examiner's Initials  |                          |                                   |            |                       |  |
| Name Reservation  Limited Partnership  Reinstatement  Trademark  Other  Examiner's Initials  | <del>  </del>            |                                   |            |                       |  |
| Reinstatement  Trademark  Other  Examiner's Initials   |                          | Limited Partnership               |            |                       |  |
| Trademark Other  Examiner's Initials   | Name Reservation         |                                   |            |                       |  |
| Examiner's Initials  |                          | Trademark                         |            |                       |  |
| CR2E031(1/95)  Examiner's Initials   |                          | Other                             |            | ;<br>;                |  |
| 1  | CR2E031(1/95)            |                                   |            | Examiner's Initials   |  |

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### **COVER LETTER**

|                | ration Section on of Corporations   |   |
|----------------|---|---|
| SUBJECT:       | FSU Softball Camps, LLC   |   |
| _              | (Name of Limi   | ted Liability Company)  |
| Florida," Cert |   | oility Company for Authorization to Transact Business in omitted to register the above referenced foreign limited |
| Please return  | all correspondence concerning this ma                                     | atter to the following:   |
|                | Richard E. Bento  | n Francisco   |
|                | (Nar  | ne of Person)   |
|                | (Fir  | n/Company)  |
|                | 1415 East Piedmont Drive,   | Suite 4   |
|                |   | (Address)   |
|                |   | ,   |
|                | Tallahassee, FL 32308   |   |
| •              | (City/Sta   | te and Zip Code)  |
| For further in | formation concerning this matter, plea                                    | ase call:   |
| <u>Co</u>      | nnie Phillips<br>(Name of Person)   | at ( <u>850</u> ) <u>297-0990</u><br>(Area Code & Daytime Telephone Number)                                       |
| MAII           | LING ADDRESS:   | STREET ADDRESS:   |
|                | on of Corporations  | Division of Corporations  |
|                | Box 6327<br>passee, FL 32314  | Clifton Building 2661 Executive Center Circle   |
| tanan          | assec, 1 L 32314  | Tallahassee, FL 32301   |
|                | check for the following amount: 5.00 Filing Fee \$\text{Certificate of}\$ | \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy           |

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| N COMPLIANCE WITH SECTION 608.503, 1.<br>IMITED LIABILITY COMPANY TO TRANSACT |   | THE FOLLOWING IS SUBMITTED TO REGISTER A FOREK<br>ATE OF FLORIDA:  |
|---|---|--|
| FSU Softball Camps,   | LLC   |  |
| (Name of Foreign Limited Liability Co   | ompany; must include '                            | 'Limited Liability Company," "L.L.C.," or "LLC.")  |
|   |   | f transacting business in Florida and attach a copy of the writte<br>e name. The alternate name must include "Limited Liability  |
| Nevada  | 3.  | 20-1872742   |
| (Jurisdiction under the law of which foreig company is organized)             | n limited liability                               | (FEI number, if applicable)  |
| 8/14/04   | 5   | Perpetual  |
| (Date of Organization)  |   | (Duration: Year limited liability company will cease to exist or "perpetual")  |
| 12/5/08   |   |  |
| (Date first transa<br>(See sections 608.                                      | cted business in Florida<br>501 & 608.502 F.S. to | a, if prior to registration.)<br>determine penalty liability)  |
| 1415 East Piedmont Driv   | ve, Suite 4                                       |  |
| Tallahassee, FL 32308   |   |  |
|   | (Street Address of F                              | Principal Office)  |
|   |   | mpany, check here <u>x</u> ng members or managers are as follows:  |
| Alana Alameda   |   |  |
| c/o Richard E. Bent   | on  |  |
| 1415 East Piedmont  <br>Tallahassee, FL 3                                     | Drive, Suite 4<br>2308                            |  |
| •   | anized. (A photocopy is                           | s old, duly authenticated by the official having custody of records<br>not acceptable. If the certificate is in a foreign language, a<br>ed.)  |
| 1. Nature of business or purposes to  | be conducted or pr                                | romoted in Florida: Athletic training  |
| · · · · · · · · · · · · · · · · · · ·   | m alance  | Que de la constant de |
| (In accordance with   | section 608.408(3), F.S.,                         | prized representative of a member. the execution of this document constitutes that the facts stated herein are true.)  |
| Alana   | Alameda, Manag                                    | er   |

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited  | Liability Compan   | y is:  |   |  |
|---|--|--|---|--|
| FSU Softball  | Camps, LLC   |  |   |  |
| If name unavailable, the alto   | ernate name to be a  | used in the state  | of Florida is:  |  |
| 2. The name and the Florid  | a street address of  | the registered as  | gent and office are:  |  |
| Ric   | hard E. Benton   | F  |   | _  |
| · · · · · · · · · · · · · · · · · · ·   |  | (Name)   |   | _  |
| 14 1  | 5 East Piedmon   | t Drive, Suit  | te 4  |  |
|   | Florida Street Addres  | s (P.O. Box NOT  | ACCEPTABLE)   | _  |
| Tal   | lahassee   | FL   | 32308   | _  |
|   |  | City/State/Zip   |   |  |
| Having been named as regis<br>liability company at the place<br>agent and agree to act in this<br>relating to the proper and co-<br>obligations of my position as | e designated in this<br>s capacity. I furthe<br>implete performanc | certificate, I her<br>ragree to compl<br>e of my duties, a | reby accept the appoint<br>ly with the provisions of<br>nd I am familiar with a | ment as registered<br>f all statutes<br>ınd accept the |

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

#### STATE OF NEVADA

ROSS MILLER
Secretary of State



SCOTT W. ANDERSON

Deputy Secretary

for Commercial Recordings

#### **Certified Copy**

December 8, 2008

Job Number:

C20081209-2427

Reference Number:

Expedite:

Through Date:

The undersigned filing officer hereby certifies that the attached copies are true and exact copies of all requested statements and related subsequent documentation filed with the Secretary of State's Office, Commercial Recordings Division listed on the attached report.

**Document Number(s)** 20080800777-29

**Description**Amendment

Number of Pages 1 Pages/1 Copies

A THE O

Certified By: Mary Petterson Certificate Number: C20081209-2427 You may verify this certificate

You may verify this certificate online at http://www.nvsos.gov/

Respectfully,

ROSS MILLER Secretary of State

Commercial Recording Division 202 N. Carson Street Carson City, Nevada 89701-4069 Telephone (775) 684-5708 Fax (775) 684-7138



**ROSS MILLER** Secretary of State 204 North Carson Street, Ste 1 Carson City, Nevada 89701-4299 (775) 684 5708 Website: www.nvsos.gov

## Amendment to **Articles of Organization**

(PURSUANT TO NRS 86.221)

Filed in the office of · La Ma

Secretary of State

State of Nevada

Ross Miller

Document Number

20080800777-29

Filing Date and Time

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Entity Number

LLC18752-2004

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**Certificate of Amendment to Articles of Organization** For a Nevada Limited-Liability Company (Pursuant to NRS 86.221)

| Name of limited-liability company:  |          |
|---|----------|
| UNLV Softball Camps, LLC  |          |
| 2. The company is managed by:   X Managers OR (check only one box) Members              | <i>,</i> |
| 3. The articles have been amended as follows (provide articles numbers, if available)*: |          |
| 1. Namet of Limited Liability Company:  |          |
| FSU Sôftball Camps, LLC   |          |

Signature (must be signed by at least one manager or by a managing member):

alana alames

Signature

Alana Alameda, Its Manager

\* 1) If amending company name, it must contain the words "Limited-Liability Company," "Limited Company," or "Limited," or the abbreviations "Ltd.," "L.L.C.," or "L.C.," "LLC" or "L.C." The word "Company" may be abbreviated as "Co."

2) If adding managers, provide names and addresses.

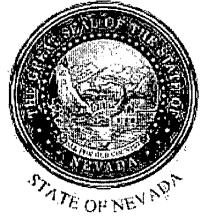
**FILING FEE: \$175.00** 

IMPORTANT: Failure to include any of the above information and submit with the proper fees may cause this filing to be rejected.

This form must be accompanied by appropriate fees.

Nevada Secretary of State 86.221 DLLC Amendment Revised: 7-1-08

SECRETARY OF STATE



# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, FSU SOFTBALL CAMPS, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 18, 2004, and is in good standing in this state.

STAL OF THE STATE OF THE STATE

Certified By: Mary Petterson Certificate Number: C20081209-2427 You may verify this certificate online at http://www.nvsos.gov/ IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 16, 2008.

ROSS MILLER Secretary of State