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| (Requestor's Name) | | | | | |
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HERITAGE BASEBALL CLUB LLC

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| 10. I | Division of Co | | | | | | | |
|---|--------------------|--|--|--|---|--|--|--|
| SURIEC | Heritage I T: | Baseball Club LLC | | | | | | |
| SOLUEC | · · <u></u> | Nam | e of Limited Lia | bility Company | | | | |
| The encio | sed Articles of | Organization and f | ee(s) are submit | ted for filing. | | | | |
| Please ret | urn all corresp | ondence concerning | this matter to the | ne following: | | | | |
| | Richard Bo | rkum | | | | | | |
| | Name of Person | | | | | | | |
| | BT Advisor | s | | | | | | |
| | Firm/Company | | | | | | | |
| | 3021 McGraw Street | | | | | | | |
| | Address | | | | | | | |
| | San Diego, | CA 92117 | | | | | | |
| | rborkum@bta | advisor.com | City/State | and Zip Code | | | | |
| | | | e used for futur | e annual report notificat | tion) | | | |
| For further i | information co | ncerning this matter | , please call: | | | | | |
| | Richard Borkum | | 619 at (| 8572710 | | | | |
| | Name of Person | | Area Code | | | | | |
| Enclosed i | s a check for t | ne following amoun | t: | | | | | |
| □\$125.0 0 |) Filing Fee | □\$130.00 Filing Certificate of Sta | tus Cert | 155.00 Filing Fee & rified Copy onal copy is enclosed) | □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | | |
| Mailing Address New Filing Section Division of Corporations | | | Street Address New Filing Section D The Centre of Tallah | | | | | |
| P.O. Box 6327 Tallahassee, FL 32314 | | | | 2415 N. Monroe Stre Tallahassee, FL 3230 | et, Suite 810 | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liabi | lity Company is: | | | | |
|--|--|---|---|--|--|
| HERITAGE BASEB | ALL CLUB LLC | | | | |
| (Must cor | ntain the words "Limited | Liability Compar | ny, "L.L.C.," or "LLC.") | | |
| ARTICLE II - Address: The mailing address and street | address of the principal (| office of the Limit | ed Liability Company is: | | |
| <u>Princi</u> | pal Office Address: | | Mailing Address: | | |
| 3300 Northside Parkway | | | 3300 Northside Parkway | | |
| Atlanta, Georgia 3032 | | | tlanta, Georgia 30327 | | |
| | Paracorp Incorporated | Name | | | |
| | 155 Office Plaza Drive | e Ist Floor | | | |
| | Florida street address (P.O. Box NOT acceptable) | | | | |
| | Tallahassee | FL | 32301 | | |
| | City | State | Zip | | |
| place designated in this certificate further agree to comply with the p | e, I hereby accept the app provisions of all statutes r | pointment as regist relating to the prop | the above stated limited liability company at the tered agent and agree to act in this capacity. I per and complete performance of my duties, and not as provided for in Chapter 605, F.S | | |
| | Se | e Attached | | | |
| | Regist | tered Agent's Sign | nature (REQUIRED) | | |
| | | (CONTINUEI |)) | | |

ARTICLE IV-

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

| Title: "AMBR" = Authorized Member | Name and Address: |
|---|---|
| "MGR" = Manager | |
| MGR | Richard Borkum |
| · · · · · · · · · · · · · · · · · · · | 3021 McGraw Street |
| | San Diego, CA 92117 |
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| an effective date is listed, the date must be special date of filing.) ote: If the date inserted in this block does not be document's effective date on the Department | e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as t of State's records. |
| RTICLE VI: Other provisions, if any. | |
| REOUIRED SIGNATURE: | |
| Signature of a m | Alaman an analysis designed and an analysis of the state |
| I am aware that any fals | ember or an authorized representative of a member. Ited in accordance with section 605.0203 (1) (b), Florida Statutes. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S. |

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)

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 8/12/2024

ENTITY NAME: HERITAGE BASEBALL CLUB LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated