1-L0000000817 SECRETARY OF STATE DIVISION OF CORPORATIONS Reginald Rouzan 00 JUL 10 PM 4: 12 269 NW 7th St. #118 Miami, FL . 33136 UIIY/State/Zip Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) **AUTHORIZATION BY PHONE TO** (Corporation Name) (Document #) (Corporation Name) (Document #) JATE____ DOC EXAM.... (Corporation Name) (Document #) Walk in Pick up time Certified Copy Certificate of Status Mail out Will wait Photocopy NEW FILINGS AMENDMENTS Profit Amendment S00131901617--1 -05/01/00--90437--039 NonProfit Resignation of R.A., Officer/Director ****150.00 ****150.00 Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION? S00131901617--1 QUALIFICATION -07/10/00--01033--008 Annual Report ******10.00 *****10.00 Foreign Document Fictitious Name Examiner Limited Partners Name Reservation Reinstatement OUS +CC \$3< **Ve**rifyer Trademark Acknowledger, ent Other M. P. Verdyer

CR2E031(1/95)

Examiner's Initials

| | MBMOKANDOJA |
|-------------|--|
| | |
| | TO: DARLENE CONNELL |
| | FROM: REGINALD ROUZAN (305) 742-6845 |
| | RE: BLUE CHIP SPORTS L.L.C. |
| D | ATE: 632/00 |
| | |
| ··· | Mrs Conver, le spole about (2) |
| | duct and At man Know I sent |
| | in a \$ 150.00 Filing Fee that you |
| | Lil tallard |
| | told me I could use toward |
| | Forming Blue Chip Sports, 660. |
| | |
| | |
| | As a reminder, I want to have |
| | Blue Chip Sports and Entertainment |
| | Inc. and Bottom Line Records |
| | Inc. both administravely |
| | Dissalved in Knowet or whenever |
| | you do that. |
| (ory | you do that. |
| | |
| | I am enclosing a \$10 check to cover |
| | the extra expenses for forming BLUE CHIP SPORTS, U.C. |
| | BLUE CHIP SPORTS U.C. |
| | |
| Jny | Questions Please call (305) 742-6845. Somerely, Regular Clay |
| | (Cegnod (long |

is attached

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: Blue Chip Sports, ULC.

ARTICLE I - Name:

| ARTICLE II - Address: |
|--|
| The mailing address and street address of the principal office of the Limited Liability Company is: |
| 269 NW 7th St #118 Mian, FL. 33136 |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature |
| The name and the Florida street address of the registered agent are: |
| Reginald G. Rouzan |
| Reginald G. Rouzan Name 7th St. #118 = 269 Nw 7th St. #118 |
| Florida street address (P.O. Box NOT acceptable) Migm FL 33136 |
| City, State, and 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 608, F.S |
| Region P. Cery |
| Registered Agent's/Signature |
| Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. |

Typed or printed name of signee

(An additional article must be added if an effective date is requested)

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Reginald G. Rouzan

that the facts stated herein are true.)

Filing Fees: \$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)