2555 sw 148 st. — Mi Ami, FL 33176 City/State/Zip Phone # Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

| 1. | |
|--|---|
| (Corporation Name) | (Document #) 900045571395 -10/2970101060-003 ****155.80 ****155.00 |
| (Corporation Name) | (Document #) |
| 3(Corporation Name) | (Document #) SECRET |
| 4. (Corporation Name) Walk in Pick up time Mail out Will wait | (Document #) Certified Copy P Photocopy Certificate of Status |
| NEW FILINGS Profit Not for Profit Limited Liability Domestication Other | AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger Amendment Change of Redistered Agent Change of Registered Agent Dissolution/Withdrawal |
| OTHER FILINGS Annual Report Fictitious Name | REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other |

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: Game On Sports L | _LC |
|--|--|
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Co 9555 Sw 148 St Minmi, FL. 33176 | |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatu | re: |
| The name and the Florida street address of the registered agent are: SICA DG GOSA | |
| Having been named as registered agent and to accept service of process for the above stability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the prostatutes relating to the proper and complete performance of my duties, and I am familian accept the obligations of my position as registered agent as provided for in Chapter 608. Registered Agent's Signature | nent as ovisions of all r with and |
| Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managetherefore, a manager - managed company. | ers and is, |
| (An additional article must be added if an effective date is requested) Signature of a member or an authorized representative of a member. | FILED DI OCT 29 PM SECRETARY OF ALLAMASSEE, F |
| (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) | PM 5: 00 OF STATE |
| Steven B. Butler Typed or printed name of signee | D- |
| 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) | |