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SECRETARY OF STATE
SHAHASSEE FLORID

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TRANSMITTAL LETTER

Division of Corporations	÷	
SUBJECT: Big Fish Holdings, LLC		
(Name of Limited	d Liability Company)	
The enclosed Articles of Organization and fee(s) are st	ubmitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Michael D. Zeffereni		
Michael P. Zaffaroni	Name of Person)	
Big Fish Holdings, LLC		
	Firm/Company)	
10946 NW 31st Place		<u>-</u>
	(Address)	AS OF
		EG # T
Gainesville, FL 32606		
(Cîty/	(State and Zip Code)	APR 18 PH 12: CRETARSEE FLOR
	,,	
For further information concerning this matter, please	caii:	2: 2 0R 0R
Michael P. Zaffaroni	at (352) 331-2615	DATE 17
(Name of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for the following amount:		
_	CT 0155 00 Elling Eng 0	C 01/0 00 Eiling Ess
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status &
	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
STREET ADDRESS:	MAILING A	DDRESS:
Registration Section	Registration S	ection
Division of Corporations 409 E. Gaines Street	Division of Co P.O. Box 6327	
Tallahassee, Florida 32399	Tallahassee, F	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is	:
Big Fish Holdings, LLC	
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10946 NW 31st Place	10946 NW 31st Place
Gainesville, FL 32606	Gainesville, FL 32606
ARTICLE III - Registered Agent, Registere The name and the Florida street address of the Michael P. Zaffaroni Name 10946 NW 31st Place	registered agent are: R 18 PM 12: 27 R 18 PM 12: 27
Florida street ac	Idress (P.O. Box <u>NOT</u> acceptable)
Gainesville, FL 32606	FL
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	and Zip accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all verformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S.

(CONTINUED)

Registered Agent's Signature

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:		
"MGR" = Manager			
"MGRM" = Managing Membe	ar each and a second a second and a second a		
MGRM	Michael P. Zaffaroni		
	10946 NW 31st Place	_	
	Gainesville, FL 32606	_	
	-	_	
		_	
		_	
			
	<u> </u>	_	
		_	
		_	
(Use attachment if necessary)			
NOTE: An additional article	must be added if an effective date is requested.		
	t		
REQUIRED SIGNATURE:	~ 11		
$M \searrow$	////		
// 1/	A SE	6	
Signature of a	member of an authorized representative of a member.	APR	-
	N N		<u> </u>
(In accordance of this document	with section 608.408(3), Florida Statutes, the execution on the constitutes an affirmation under the penalties of perjury	8	
that the facts	stated herein are true.)	2	ED
Michael P. Za		ন্ট	
-	Typed or printed name of signee	: 27	
	≯ '`'	7	

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)