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TRANSMITTAL LETTER

| TO: Registration Sec Division of Cor | ction porations | | - |
|---|---|--|--|
| SUBJECT: | Million Dollar J (Name of Limited | nventions, LLC I Liability Company) | |
| The enclosed Articles of | Organization and fee(s) are su | ubmitted for filing. | |
| Please return all correspondent | ondence concerning this matte | r to the following: | |
| | | lays Name of Person) | <u></u> |
| | Mays Promoti (i | ons, Inc. | |
| | 1264 Espina | Court | 2005 JUL |
| | Dunedin. FL | (Address) 34698 | 2005 JUL 18 PM 2: 20 PREPORATION DIVINITION OF CORPORATION |
| | (City/ | State and Zip Code) | ORIGO 20 |
| For further information of | concerning this matter, please | call: | DE ST |
| William D. M (Name | lays of Person) | at (727) 771-86 (Area Code & Daytime To | 551 elephone Number) |
| Enclosed is a check fo | r the following amount: | | |
| ♥ \$125.00 Filing Fee | ☐ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | ET ADDRESS: ration Section | MAILING A Registration S | |

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

| ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY |
|--|
| ARTICLE I - Name: The name of the Limited Liability Company is: |
| Million Dollar Inventions, LLC |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: |
| Principal Office Address: Mailing Address: |
| 3001 Executive Dr-Sute 350 3001 Executive Dr-Suite 350 |
| 3001 Executive Dr-Sute 350 3001 Executive Dr-Sute 350 Clearwater, Fr 33762 Clearwater, Fr 33762 |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: |
| The name and the Florida street address of the registered agent are: |
| Bob Circosta Name Boci Executive DV- Suite 3DV |
| Florida street address (P.O. Box NOT acceptable) |
| Clearwater, fr 33762 |
| 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 affregistered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature

(CONTINUED)

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

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

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|--|---|
| "MGR" | Bob Circosta 3001 Executive Drive Suite 350 Clearwater, FL 33762 |
| "MGR" | Richard C. McIntosh 251 Bluffview Drive Belleair Bluffs, FL 33770 |
| "MGR" | William D. Mays 1264 Espina Court Dunedin, FL 34698 |
| (Use attachment if necessary) | |
| NOTE: An additional article must be | e added if an effective date is requested. |

REQUIRED SIGNATURE:

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 that the facts stated herein are true.)

Typed or printed name of signee

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)