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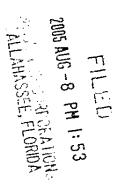
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## TRANSMITTAL LETTER

TO: Registration Se Division of Co		-	
SUBJECT: Best Bet			
	(Name of Limited	d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are su	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
Jason Lo	ong		
		Name of Person)	
	O	Firm/Company)	일 <b>1</b>
487 116th S	Street		
		(Address)	2005 AUG -8 PM 1:53
			第 3
<u>Mara</u>	thon, FL 33050		
	(City/	(State and Zip Code)	A 3
For further information	concerning this matter, please	call:	アゼ
	•		
Jason Long		at ( 305 ) 395-1376	
(Name	e of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or 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)
STREET ADDRESS:		MAILING A	

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

ARTICLE I - Name: The name of the Limited Liability Con	mpany is:
Best Bet Sportfishing, LLC.	SEE SEE
The mailing address and street address	s of the principal office of the Limited Liability Compare
ARTICLE II - Address: The mailing address and street address  Principal Office Address:  487 116th Street	of the principal office of the Limited Liability Compar <u>Mailing Address:</u> Same
The mailing address and street address  Principal Office Address:  487 116th Street	Mailing Address:
The mailing address and street address  Principal Office Address:	Mailing Address:

Name

487 116th Street

Florida street address (P.O. Box NOT acceptable)

Marathon, Fl 33050

FL

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.

Registered Agent's Signature

(CONTINUED)

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:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Jason Long
	487 116th Street
	Marathon, FI 33050
(Use attachment if necessary)	P. C.
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	
1	1
/	
	for an authorized representative of a member.
of this document constit	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury
that the facts stated he	erein are true.)

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)

Typed or printed name of signee