Sent By: JOHN W SMITH;

Division of Corporations

5619972879;

Dec-5-05 1:41PM;

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Florida Department of State

Bivision of Corporation

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To:

Division of Corporations

Fax Number

: (850)205-0383

Prom:

Account Name : JOHN W. SMITH Account Number : 075350000233 Phone : (561)997-2890 Fax Number : (561)997-2879 DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

TheSportsOdds, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Corporate Filing

Electronic Filing Menu

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COVER LETTER

TO: Registration Sec Division of Cor					
SUBJECT: TheSp	ortsOdds, LLC				
		Liability Company)			
The enclosed Articles of	Organization and fee(s) are so	ibmitted for filing.			
Please return all correspond	ondence concerning this matte	r to the following:			
John W. S				2005	SIAIO
	(1	Name of Person)		NOV 3	⊇ £
Smith & G	Bromann			ω	유출
		Firm/Company)			SS 2
2201 NW	/ Corporate Blvd	<u></u>		AH IO	SECRETARY OF SIATL DIVISION OF CORFORATION
		(Address)		~ 	Ĭ.
Boca Ra	ton, FL 33431			<u> </u>	₹.
	(City)	State and Zip Code)			
For further information of	concerning this matter, please	call:			
John W. Smith		at (561) 997-28	90		
(Name	of Person)	(Area Code & Daytime 7	elephone Number)		
Enclosed is a check fo	r the following amount:				
▼ \$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Malling Address Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314	Street/Courier Addre Registration Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, FT. 32301	ons r Circle		

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Sent By: JOHN W SMITH;

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR'	TCI.	.K. C	- Na	me:

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
TheSportsOdds, LLC		
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address:		
The mailing address and street address of the principal office of the Limited Liability Compar	ny is:	
Principal Office Address: Mailing Address:		
2201 NW Corporate Blvd, Suite 200		
Boca Ration, FL 33431		
	20	NIO
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	哥	
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	2005 NOV 3	돭
DIRECTOR PULL AND CIT MONTA OF FOLION CARDINATIONS	- دی	유
The name and the Florida street address of the registered agent are:		<u>8</u>
John W. Smith	곡	RPO.
Name	ᇹ	R A
2201 NW Corporate Blvd, Suite 101	AM 10: 08	DIVISION OF CORPORATIONS

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

Boca Raton

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 Xg

(CONTINUED) Page 1 of 2

Sent By: JOHN W SMITH;

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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 Men	nber
	Bradford R. Geisen 2201 NW Corporate Bivd, Suite 200 Boca Raton, FL 33431
MGRM	Bradford R. Geisen
	2201 NW Corporate Bivd, Suite 200 Boca Raton, FL 33431
	<u>ت</u>
	Bradford R. Geisen 2201 NW Corporate Bivd, Suite 200 Boca Raton, FL 33431
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	- 100
	, (maximilia - 1 m)
(Use attachment if necessar	у)
•	
FICLE V: Effective date, if other	er than the date of filing: (OPTIONAL)
FICLE V: Effective date, if other in effective date is listed, the da	er than the date of filing: (OPTIONAL) Ite must be specific and cannot be more than five business days prior
FICLE V: Effective date, if other	er than the date of filing: (OPTIONAL) Ite must be specific and cannot be more than five business days prior
FICLE V: Effective date, if other in effective date is listed, the date 90 days after the date of filing	er than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days prior \$\mu\$\$ \$\mu\$\$
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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)

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