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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: A 1 A CORPORATE SERVICES, INC.

Account Number: I20010000247

Phone

(800) 494-3124

Fax Number

(305) 675-2811

LORIDA/FOREIGN LIMITED LIABILITY CO.

JACKSONVILLE WIZARDS FOOTBALL, LLC

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

JACKSONVILLE WIZARDS FOOTBALL, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

5163 SPANISH OAKS DR

LAKELAND, FL 33805-7682

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent are:

JEREMY GOLDEN 5163 SPANISH OAKS DR LAKELAND, FL 33805-7682

Having been named as registered agent 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.



ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a member-managed company.

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ARTICLE V MEMBERS (optional)

MANAGING MEMBER: JEREMY GOLDEN 5163 SPANISH OAKS DR LAKELAND, FL 33805-7682

Signature of a member of 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.

JEREMY GOLDEN
Typed or printed name of signee

FILED

06 JUL 10 AM 9: 14

SECRETARY OF STATE
SECRETARY OF STATE
AND AMASSEE, FLORIDA

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