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| (Re | equestor's Name) | |
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| (Ad | ldress) | |
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| (Ad | ldress) | |
| • | | . • |
| (Cit | y/State/Zip/Phon | e #) |
| | | |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bu | siness Entity Na | me) |
| | | |
| (Do | cument Number) | |
| | | |
| Certified Copies | Certificate | s of Status |
| • | - | |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE TAIL AHASSEE, FLORIDA

COVER LETTER

| TO: Registration Se Division of Co | | | * | | |
|---------------------------------------|---|--|--|----------------------|---|
| SUBJECT: Blue Bi | son Entertainment LL | | | | |
| | (Name of Limite | d Liability Company) | | | |
| | f Organization and fee(s) are s | - | | | |
| Please return all corresp | ondence concerning this matte | er to the following: | | | |
| Jon R Park | ær | | | | |
| | (| Name of Person) | • | - | |
| Blue Bison | Entertainment LLC | | | | |
| | | Firm/Company) | | - | |
| 1040 Lend | ox Ave | | | 2 | |
| | | (Address) | F | 瑙 臭 | |
| Miami Bea | ach, FL 33139 | | • | 翌 19 | H |
| | | /State and Zip Code) | | 第 至 | Ö |
| For further information | concerning this matter, please | call: | | OT JUN 19 AH 11: 4:3 | > |
| Jon R Parker | • | at (786) 382-7528 | 3 . | | |
| (Name | e of Person) | (Area Code & Daytime Te | 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) | | |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center | ns | | |

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the | ne Limited Liability Comp | any is: |
|---|---|--|
| Blue Bison En | tertainment LLC | • |
| (Must end with the | words "Limited Liability Company | v, "Limited Company" or their abbreviation "LLC," or "L.C.,") |
| ARTICLE II The mailing ac | | f the principal office of the Limited Liability Company is: |
| Principal Offi | ice Address: | Mailing Address: |
| | | 07 |
| 1040 Lenox Ave | | 1040 Lenox Ave |
| Miami Beach, FL | . 33139 | Miami Beach, FL 33139 |
| • | th an active Florida registration.) the Florida street address Jon R Parker | 1040 Lenox Ave Miami Beach, FL 33139 istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are: |
| | JOHN LAIKEL | Name |
| | 1040 Lenox Ave | |
| | Florida s | treet address (P.O. Box NOT acceptable) |
| | Miami Beach | FL 33139 |
| | City | , State, and Zip |
| liability co registered age statutes rela | mpany at the place designo ent and agree to act in this eting to the proper and com | and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all polete performance of my duties, and I am familiar with and agree to general as provided for in Chapter 608, F.S |

(CONTINUED) Page 1 of 2

stered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address:

| "MGR" = Manager "MGRM" = Managing Member | | |
|--|---------------------------------------|--|
| WORW - Wallaging Wellber | | |
| MGRM | Jon R Parker | |
| | 1040 Lenox Ave | |
| | Miami Beach, FL 33139 | |
| MGRM | James M Parker | |
| | 2610 S Los Altos Drive | |
| | Chandler, AZ 85248 | |
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| | | OT JUN 19 SECRETARY OF STATE TAILL AHASSEE FLORIDI |
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| (Use attachment if necessary) | | D m |
| | 1 | (0,000,001,11) |
| LE V: Effective date, if other than the | | |
| fective date is listed, the date must | be specific and cannot be more tha | in five business days prior |
| days after the date of filing.) | | |
| | | |
| 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.)

Jon R Parker

Typed or printed name of signee

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)