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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813) 229-7600
Fax Number : (813) 229-1660

[Handwritten signature]

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

WORLD MIX MARTIAL ARTS FEDERATION, LLC

Certificate of Status	0
Certified Copy	1
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H07000163248 3

**ARTICLES OF ORGANIZATION
WORLD MIX MARTIAL ARTS FEDERATION, LLC**

ARTICLE I - Name:

The name of the Limited Liability Company is WORLD MIX MARTIAL ARTS FEDERATION, LLC.

ARTICLE II - Address:

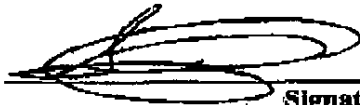
The street and mailing address of the principal office of the Limited Liability Company is:

7211 North Dale Mabry
Suite 211
Tampa, Florida 33614

ARTICLE III - Management:

The Limited Liability Company is to be managed by one or more managers.

IN WITNESS WHEREOF, I have signed these Articles of Organization as a member and acknowledged them to be my act this 20th day of June 2007.



Signature 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.)

Guerryson Torres
Typed or printed name of signer

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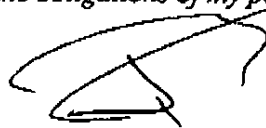
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is WORLD MIX MARTIAL ARTS FEDERATION, LLC.
2. The name and the Florida street address of the registered agent are:

J. Todd Timmerman
Shumaker, Loop & Kendrick, LLP
101 E. Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

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.



Signature

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