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To:

Division of Corporations

Fax Number : (850) 617-6383

F.com:

Account Name : COX & NICI
Account Number : 120000000223
Phone : (239)254-0706

Fax Number

: (239)254-0709

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#### FLORIDA/FOREIGN LIMITED LIABILITY CO.

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Pro Games, LLC

Certificate of Status	1
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# ARTICLES OF ORGANIZATION OF PRO GAMES, LLC

ARTICLE I NAME

The name of this Limited Liability Company is PRO GAMES, LLC (the "Company").

ARTICLE II DURATION

The period of duration for the Company is perpetual.

ARTICLE III
ADDRESS

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

1165 8th Street South Naples, Florida 34102

### ARTICLE IV REGISTERED OFFICE AND AGENT

The address of the initial registered office of this Company shall be 1185 Immokalee Road, Suite 110, Naples, Florida 34110, and its initial registered agent at such office shall be Joe B. Cox, Esq.

#### ARTICLE V MANAGEMENT

The Company is to be a Manager-Managed company and the name and address of the elected Manager is:

Paul Schryver 1165 8<sup>th</sup> Street South Naples, Florida 34102

Joe B. Cox

Authorized Representative

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

- 1. The name of the Company is PRO GAMES, LLC.
- 2. The name and address of the registered agent and office is:

Joe B. Cox, Esq. 1185 Immokalec Road, Suite 110 Naples, Florida 34110 DIVISION OF CORPORATIONS

OR MAR - 5 AM 10: 11

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.

Dated effective as of \_\_\_\_\_\_\_\_, 2008.

By: \_\_\_\_\_\_\_\_ Cox

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