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SECRETARY OF STATE
ALLAHASSEE

LORIDA/FOREIGN LIMITED LIABILITY CO.

World Fighting Federation LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$130.00 |

Electronic Filing Menu

Corporate Filing Menu

M. THOMAS

AUG - 6 2008

EXAMINER

ARTICLES OF ORGANIZATION FOR

H08000188719

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: World Fighting Federation LLC

ARTICLE II - Address

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

| Principal Office Address: | Mailing Address: | |
|---|--|-------------|
| 702 Golfpoint Drive | 702 Golfpoint Drive | |
| Winter Springs, FL 32708 | Winter Springs, FL 32708 | |
| ARTICLE III - Registered Ag The name and Florida street address | gent, Registered Office & Registered Agent's Signature | 08 NIG-5 H |
| | Robert D. Barson | OF ST |
| | Name | |
| | 702 Golfpoint Drive | • |
| | (P.O. Box or Mail Drop Box NOT Acceptable) | |
| | Winter Springs, FL 32708 | <u>-</u> |

(City / State / 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 pligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature - Robert D. Barson

| ARTICLE IV - Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: | | H08000188719 |
|---|---|--------------|
| Title: "MOR" = Manager "MGRM" = Managing Member | Name and Address: | |
| MGRM | Robert D. Barson - 702 Golfpoint Drive, Winter Springs, | FL 32708 |
| | | |
| (Use attachment if necessary) | A | |
| REQUIRED SIGNATURE: | Shaper | Se Alle Alle |
| (In accorda | of sinember or authorized representative of a member. nce with section 608.408(3), Florida Statutes, the execution of pustitutes an affirmation under the penalties of perjury that the are true.) | |
| | Robert D. Barson | |

Typed or printed name of signee