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(City/State/Zip/Phone #)

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10 MAY 21 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAY 24 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIAMI VIXENS, LLC.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRIANN WRIGHT

Name of Person

MIAMI VIXENS, LLC.

Firm/Company

6847 N. 9TH AVE SUITE A #159

Address

PENSACOLA, FL 32504-9312

City/State and Zip Code

MIAMIVIXENSFOOTBALL.COM@gmail.com

E-mail address: (to be used for future annual report notification)

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10 MAY 21 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

BRIANN WRIGHT at (305) 218-6535
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MIAMI VIXENS, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

BRIANN WRIGHT

6847 N. 9TH AVE SUITE A #159

PENSACOLA, FL 32504-9312

Mailing Address:

BRIANN WRIGHT

6847 N. 9TH AVE SUITE A #159

PENSACOLA, FL 32504-9312

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Effective Date 05/21/10

BRIANN WRIGHT

Name

4007 EMBERS LNDG


Florida street address (P.O. Box **NOT** acceptable)

PENSACOLA

FL 32505

City, State, and 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 obligations of my position as registered agent as provided for in Chapter 608, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

BRIANN WRIGHT

6847 N. 9TH AVE SUITE A #159

PENSACOLA, FL 32504-9312

MGRM

SIOBHAN ABRAMS

6847 N. 9TH AVE SUITE A #159

PENSACOLA, FL 32504-9312

SECRETARY OF STATE
TALLAHASSEE, FL 32399

10 MAY 21 PM 1:29

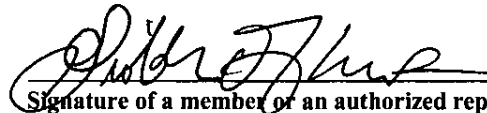
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MAY 21, 2010. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 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.)

Siobhan Abrams

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)