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DEFASTIKET OF STATE DIVISION OF CORPORATION TALLANASSEE, FLORIDA

O SEP 30 AMII: 2

B. KOHR
SEP 3 0 2010

EXAMINER

### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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The Women's Profe	ssional Oil Wre	estling			105E830
League, L.L.C.					•
Jepard	0200e	yahoo.ccu		Art of Inc. File  LTD Partnership File  Foreign Corp. File  L.C. File  Fictitious Name File  Frade/Service Mark  Merger File  Art. of Amend. File  RA Resignation  Dissolution / Withdrawal  Annual Report / Reinstatement  Cert. Copy  Photo Copy  Certificate of Good Standing	
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Requested by: SETH	09/30/10	11:00		UCC 1 or 3 File UCC 11 Search	
Name	Date	Time		UCC 11 Search	•
Walk-In	Will Pick Up			Courier	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE L. Name:

ARTICLI	E I - 1	Name:	

The name of the Limited Liability Company is:

### The Women's Professional Oil Wrestling League, L.L.C.

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

#### ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

	· · · · · · · · · · · · · · · · · · ·
5631 SW 32nd Terrace	15531 SW 32nd Terrace
Alami, FL 33185	Miami, FL 33105

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 husiness entity with an active Florida registration.)

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

Jose Edua	ardo Pardo
	Name
15531 SV	V 32nd Terrace
	Florida stroot address (P.O. Box NOT acceptable
Miami	PJ, 33185
	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)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Momber	Name and Address:
MGRM	Jose Eduardo Pardo
	15531 SW 32nd Terrace
	Missril, Ft. 33165
(Use attachment if necessary)	
CLE V: Effective date, if other than	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days p
enective date is usted, the date mu 90 days after the date of filing.)	
	Asta
90 days after the date of filing.)  REQUIRED SIGNATURE:	unber or of authorized representative of a member.
90 days after the date of filing.)  REOUIRED SIGNATURE:  Signature of a me	h-action 608.408(3), Elorida Statutes, the execution onstitutes an affirmation under the penalties of perjury

\$125.00 Filing Pee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)