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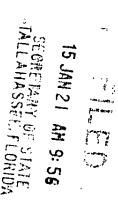
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COVER LETTER

TO:	Registration Division of	s Section Corporations		
SUBJE	ЕСТ:	Trivia ł	King, LLC	
			mited Liability Company	
The en	closed Articles	of Organization and fee(s) a	are submitted for filing.	
Please	return all corre	spondence concerning this n	natter to the following:	
			Matthew T. Gilbert, Esg.	
			Name of Person	
				
			Firm/Company	
		54	68 E. Michigan St. Apt. 2	
			Address	
		Orl	ando, FL 32812	
		(City/State and Zip Code	
		Matthewgilbertesg@gma	ail.com ed for future annual report notific	ation)
For first	her informatio	n concerning this matter, ple		
i or run	aici airoimacio	n concerning and maker, pre	ase can,	
Matthe	w T. Gilbert.		518 339-9355	
	Nan	ne of Person	Area Code Daytime Te	lephone Number
Enclose	ed is a check fo	or the following amount:		
\$125.0	0 Filing Fee	✓\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mai</u>	ling Address	Street/Courier Add	ress

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company i	is:			
(Mark and with the array	Trivia King, LLC	#LLC "	MI I C 22	
(Must end with the word	as "Limited Liability C	ompany, "L.L.C.,"	or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the	Limited Liability C	Company is:	
Principal Office Address:	<u>Mailing</u>	Address:		
5468 E. Michigan St. Apt 2 Orlando, FL 32812	Same a	as Office Address	·	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve another business entity with an active Florida	as its own Registered.			lual or
The name and the Florida street address of the	e registered agent are:			
Mattl	hew T. Gilbert. Esq Name			
	. Michigan St. Apt 2			
Florida street address	s (P.O. Box NOT acce	ptable)		
Orlando _	FL	32812		
City	,	Zip		
Having been named as registered agent and t				
the place designated in this certificate, I he				
capacity. I further agree to comply with the of my duties, and I am familiar with and qc				
At at the	Chapter 605, F.S.		A co	Si
Registered ⁱ Age	ent ⁱ s Signature (REQU	IRED)	一	JAR 2
(0	CONTINUED)		A A A	-
	Page 1 of 2		F STATE	95 SE

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR/AMBR	Matthew T. Cilhart
IVIORIANIDA	Matthew T. Gilbert 5468 E. Michigan St. Apt 2
	Orlando, FL 32812
	
(Use attachment if necessary)	
EV: Effective date, if other than the datective date is listed, the date must be s	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 d
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