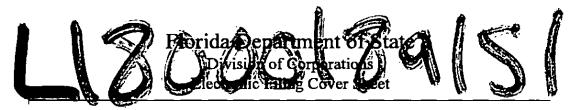
Division of Corporations



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(((H18000230019 3)))



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Division of Corporations

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From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940

Fax Number : (516)935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please * annual report mailings. Enter only one email address please. harry@samuelsaccounting.com

Email Address:

FLORIDA LIMITED LIABILITY CO. WMG SPORTS LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
WMG SPORTS 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: Mailing Address:
1680 MICHIGAN AVE, STE 1013 MIAMI BEACH, FL 33139 1680 MICHIGAN AVE, STE 1013 MIAMI BEACH, FL 33139 A C C C C C C C C C C C C
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 ocula another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Harry M. Samuels Name
2901 Stirling Road, #307 Florida street address (P.O. Box NOT acceptable)
Ft. Lauderdale FL 33312
City 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 605, F.S Registered Agent's Signature (REQUIRED) Harry M. Samuels

Page 1 of 2

(CONTINUED)

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<u>[Itle:</u> 'AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	CARLOS SUAREZ
	1680 MICHIGAN AVE, STE 1013
	MIAMI BEACH, FLORIDA 33139
AMBR	SARAH G HARRELSON
	1680 MICHIGAN AVE, STE 1013
	MIAMI BEACH, FLORIDA 33139
 	
(Use attachment if necessary)	
•	
EV: Effective date, if other than the	e date of filing:
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