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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : PARASEC

Account Number : I20180000086

Phone : (916)576-7000

Fax Number : (800)603-5868

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

RLOPS@PARASEC.COM Email Address:___

FLORIDA LIMITED LIABILITY CO. ALIRON ESPORTS AND GAMING LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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To: 18506176383 From: 19165767051 Date: 09/17/20 Time: 3:35 PM Page: 03/04

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N

The name of the Limited Liability Company is:

ALIRON ESPORTS AND GAMING 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:

Zip

Registered Agent's Signature (REQUIRED)

2645 Executive Park Drive	2645 Executive Park Drive
Weston, FL 33326	Weston, FL 33326

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

City

(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:

Rocket Lawyer Corpora	ile Services LLC	
	Name	
155 OFFICE PLAZA D	R IST FLR	
Florida street address	(P.O. Box <u>SOT</u>	acceptable)
TALLAHASSEE	Pt.	32301

State

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..

(CONTINUED)

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2020 SEP 18 PM 4: 31

To: 18506176383 From: 19165767051 Date: 09/17/20 Time: 3:35 PM Page: 04/04

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Cristian Acuna
AMBR	2645 Executive Park Drive
	Weston, FL 33326
AMBR	Salomon Andres Leder
	PH, Oasis on the Bay, Punta Pac fica
	Panam City, Panama
AMBR	Sergio Manuel Segovia
	Calle 51A #3C-34 Edificio Khalo AP 601
	Bogota, Colombia
41	
(Use attachment if necessary) E.V: Effective date, if other than the detective date is listed, the date must be	late of filing:
E V: Effective date, if other than the dective date is listed, the date must be of filing.)	specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the dective date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Department.	specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not
E.V: Effective date, if other than the detrive date is listed, the date must be of filing.) the date inserted in this block does ment's effective date on the Department. E.VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the dective date is listed, the date must be of filing.) The date inserted in this block does ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exellent aware that any forms.	specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the dective date is listed, the date must be of filing.) The date inserted in this block does ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exellent aware that any forms.	member of an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b), Florida Statutes. also information submitted in a document to the Department of State gree felony as provided for in s.817.155. F.S.

Page 2 of 2

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