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Colorado Secretary of State

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Articles of Organization

filed pursuant to § 7-80-203 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the limited liability company is

Fantasy Draft, LLC

403 Marlborough st

(The name of a limited liability company must contain the term or abbreviation "limited liability company", "ltd. liability company", "limited liability co.", "ltd. liability co.", "limited", "l.l.c.", "llc", or "ltd.". See §7-90-601, C.R.S.)

(Street number and name)

MA

02115

(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)

2. The principal office address of the limited liability company's initial principal office is

Unit 15 Boston

	(City)	United S	States (ZIP)	/Postal Cod	c)
	(Province – if applicable) (Count	try)		
Mailing address					
(leave blank if same as street address)	(Street number a	nd name or Post Office	Box informat	ion)	
	(City)	(State)	(ZIP	/Postal Cod	e)
	(Province – if applicable) (Countr	 ry)		
Name					
Name (if an individual)	Guy	Dennie			
Name (if an individual)	Guy (Last)	Dennie (First)	(Mid	ddle)	(Suffix
- 144			(Mi	ddle)	(Suffix
(if an individual) or (if an entity)	(Last)		(Mid	ddle)	(Suffix
(if an individual) or	(Last) idual and an entity name.)		(Mid	ddle)	(Suffix
(if an individual) or (if an entity)	(Last) idual and an entity name.) P.O.Box 6	(First)		ddle)	(Suffix
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(if an individual) or (if an entity) (Caution: Do not provide both an indiv	(Last) idual and an entity name.) P.O.Box 6	(First)	81415	ddle) ZIP Code)	(Suffix
(if an individual) or (if an entity) (Caution: Do not provide both an indiv	(Last) idual and an entity name.) P.O.Box 6 (S	(First) Street number and name	81415		(Suffix

(City) (State) (ZIP Code) (The following statement is adopted by marking the box.) The person appointed as registered agent has consented to being so appointed. 4. The true name and mailing address of the person forming the limited liability company are Name (if an individual) Or (if an entity) (Caution: Do not provide both an individual and an entity name.) Mailing address P.O Box 5 (Street number and name or Post Office Box information) Crawford Crawford Crawford (City) (State) (Country) (The following statement applies, adopt the statement by marking the box and include an attachment. The limited liability company has one or more additional persons forming the limited liability company and the name and mailing address of each such person are stated in an attachment. 5. The management of the limited liability company is vested in (Mark the applicable box.) one or more managers. or the members. 6. (The following statement applies, adopt the statement by marking the box and include an attachment.) There is at least one member of the limited liability company. 7. (If the following statement applies, adopt the statement by marking the box and include an attachment.) There is at least one member of the limited liability company. 8. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.) (If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.) The delayed effective date and, if applicable, time of this document is/are			CO		
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	Guy	Dennie		
	P.O. Box 6	(First)	(Middle)	(Suffix)
	(Street number	and name or Post Off	fice Box information)	
	Crawford	CO	81415	
	(City)	(State) United St	(ZIP/Postal C	ode)
	(Province – if applicable)	(Country	y)	
(If the following statement applies, adop	t the statement by marking the box and	d include an attachme	ent.)	
This document contains the tru causing the document to be de	S	of one or more a	dditional individu	als

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