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SECIRLIANT UN STATE
ANT AHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 20, 2005

ŧ,

DONNA LEHR 619 SHORE ROAD NORTH PALM BEACH, FL 33408

SUBJECT: TAKE TWO LTD, INC. Ref. Number: W05000030197

We have received your document for TAKE TWO LTD, INC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 105A00042211

Neysa Culligan Document Specialist

TRANSMITTAL LETTER

SUBJECT: Take Two HELLE Take Two L	0
(Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
ONNA Lehr (Name of Person)	
(Firm/Company)	_ .
619 Shore Road Fig.	05 JU
North Rolm Beach, Fla 33408 F. (City/State and Zip Code)	FILED UN 30 PH 2: 5
For further information concerning this matter, please call:	56 1E
Name of Person) at (5/01) 848 - 2926 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & Certificate of Status	us &

STREET ADDRESS:

Registration Section
Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Toke Two L	td, INC. Take	Two, L	LC
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liab	vility Compa	ny is:
Principal Office Address:	Mailing Address:		
1019 Shore Road North Palm Boh, F1 33408	Let Shave Rose North Palm Boh	d 4 FL 334	408
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's S	Signature:	
The name and the Florida street address of the re	gistered agent are:		
DONNA A	ehr		
Name	_		
619 Shore	ess (P.O. Box NOT acceptable)		
North Dora Road	ess (P.O. Box <u>NO1</u> acceptable)		
City, State, an	rL <u>53408</u> d Zip		
Having been named as registered agent and to acliability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per accept the obligations of my position as regist	is certificate, I hereby accept the I further agree to comply with the formance of my duties, and I am j	appointment he provisions familiar with	as of all and
Registered Agent's	Signature	05 JUN 30 PH 2: 56 SECKÉLAKIT OF STATE TALLAHASSEE, FLORID	FILED
(CONTINU	TED)	1 2: 56 SIAIE FLORIDA	•

Page 1 of 2

ARTICLE IV- Manager(s) or Managi The name and address of each Manager		
Title:	Name and Address:	
"MGR" = Manager	1.1920.0	
"MGRM" = Managing Member		
Mag		
INCOK_	_ DONNA Jehr	
	John have ka	
	MOKEN PAIR DENT FISTERS	
(Use attachment if necessary)		
NOTE: An additional article must be	added if an effective date is requested.	
REQUIRED SIGNATURE:		
Signature of a member of	r an authorized representative of a member.	
	on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury cin are true.)	
DONAIA Typed	I or printed name of signee ALLAHASS	
	≥∂ ⊆	* 1
Filing Fees:	ASS.	
\$125.00 Filing Fee for Articles of Organiz	ation and Designation	П
of Registered Agent	T ,	J
\$ 30.00 Certified Copy (Optional)	FLORID	
\$ 5.00 Certificate of Status (Optional)	중국 %	