

LD60000108854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

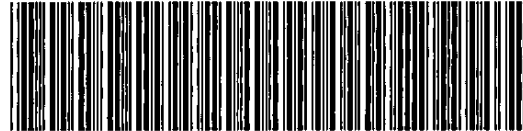
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



400081569824

11/08/06--01024--023 **130.00

EFFECTIVE DATE

11/3/06

FILED
06 NOV -8 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lights Out Entertainment LLC
(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:

Laura Regier
(Name of Person)

American Safety Council
(Firm/Company)

5125 Adanson St #500
(Address)

Orlando, FL 32804
(City/State and Zip Code)

For further information concerning this matter, please call:

Laura Regier at (407) 539-0814
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 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)

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

EFFECTIVE DATE

11/3/06

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lights Out Entertainment, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

154 Tulp Way

Kissimmee FL, 34743

154 Tulp Way

Kissimmee FL, 34743

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 or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Fernando Ortiz

Name

154 Tulp Way

Florida street address (P.O. Box NOT acceptable)

Kissimmee

FL 34743

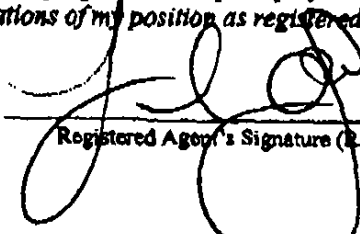
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 608, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Fernando Ortiz
154 Tulp Way
Kissimmee FL, 34743

MGRM

Claudimer Mician
1312 Boulder Drive apt. A
Kissimmee FL, 34744

MGRM

Alejandro Leal
2407 Harbor Town Dr
Kissimmee FL, 34744

MGRM

Roosevelt Darlus
91 Alameda Dr
Kissimmee FL, 34743

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary) -- *Attached copy - Additional Mgrms*

ARTICLE V: Effective date, if other than the date of filing: 11/3/08 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Fernando Ortiz

Typed or printed name of signer

- Filing Fees:**
- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
 - \$ 30.00 Certified Copy (Optional)
 - \$ 5.00 Certificate of Status (Optional)

MGRM

Joseph Barwenko
73 Trotters Cir.
kissimmee FL, 34743

MGRM

Joseph Darius
91 Alameda Dr.
kissimmee FL, 34743

MGRM

Lemrell Benjamin
7502 Boice St
orlando FL, 32809

MGRM

Johnny Avena
5939 Winegard Rd. Apt. A
orlando FL, 32809

MGRM

Dorian Osorto
303 Larkspur Crt.
Kissimmee FL, 34743

MGRM

Jackson Dorce
339 Park Tree Terrace Apt. 1913
Orlando FL, 32825