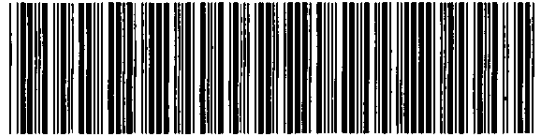


L0800000 94344



200135977502

09/18/08--01025--010 \*\*160.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Give 10/30 Date

Office Use Only

FILED  
08 OCT -3 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

~~108 10/6 43684~~  
9/19



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 26, 2008

MARIE ANTOINETTE LOUISSANT \*\*\*2ND MAIL OUT\*\*\*  
PO BOX 17433  
TAMPA, FL 33682

SUBJECT: COTTONTAILS ENTERTAINMENT L.L.C.  
Ref. Number: W08000043684

We have received your document for COTTONTAILS ENTERTAINMENT L.L.C. 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 registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

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) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 908A00050882



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 19, 2008

MARIE ANTOINETTE LOUISSANT  
10913 N 28TH STREET  
TAMPA, FL 33612

SUBJECT: COTTONTAILS ENTERTAINMENT L.L.C.  
Ref. Number: W08000043684

We have received your document for COTTONTAILS ENTERTAINMENT L.L.C. 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 registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

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) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 908A00050882

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Cottontails Entertainment L.L.C**  
(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:

**Marie Antoinette Louissant**  
(Name of Person)

**Cottontails Entertainment L.L.C**  
(Firm/Company)

**10913 N 28th Street**  
(Address)

**Tampa, Florida 33612**  
(City/State and Zip Code)

For further information concerning this matter, please call:

**Marie Antoinette Louissant** at ( **813** ) **446-3714**  
(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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Cottontails Entertainment L.L.C

(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:**

10913 N 28th Street

Tampa, Florida 33612

P.O Box 17433

Tampa, Florida 33682

**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:

Marie Antoinette Louissant

Name

10913 N 28th Street

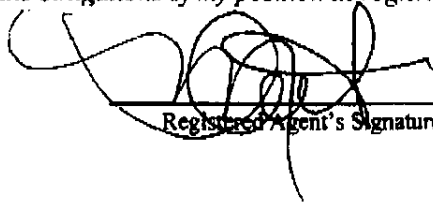
Florida street address (P.O. Box **NOT** acceptable)

Tampa, FL 33612

City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
08 OCT -3 AM 11:43  
FILED

*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)

Page 1 of 2

**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:**

MGR

Marie Antoinette Louissant

10913 N 28th Street

Tampa, Florida 33612

MGRM

Hennisel Jean Louissant

10913 N 28th Street

Tampa, Florida 33612

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

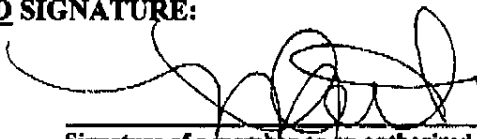
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
08 OCT 3 11:43  
FILED

**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.)

**Marie Antoinette Louissant**

Typed or printed name of signee

**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)