

W08 000 105 294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

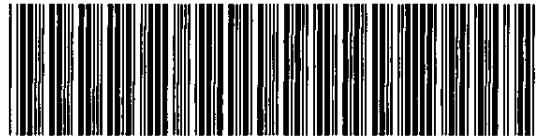
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000137654740

11/10/08--01030--019 \*\*130.00

2008 NOV 10 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

T. CLINE  
NOV 12 2008  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ISLAND SPLASH 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:

**SHERNA SPENCER**

(Name of Person)

**SHERNA SPENCER, P.A.**

(Firm/Company)

**4500 W. OAKLAND PARK BLVD**

(Address)

**FORT LAUDERDALE, FL 33313**

(City/State and Zip Code)

For further information concerning this matter, please call:

**SHERNA SPENCER**

(Name of Person)

at ( **954** ) **714-8123**

(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

2008 NOV 10 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ISLAND SPLASH ENTERTAINMENT, 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:**

4500 W. OAKLAND PARK BLVD  
FORT LAUDERDALE, FL 33313

4500 W. OAKLAND PARK BLVD  
FORT LAUDERDALE, FL 33313

**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:

SHERNA SPENCER

Name

4500 W. OAKLAND PARK BLVD

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

FT. LAUDERDALE FL 33313

City, State, and Zip

2008 NOV 10 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)

**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:**

<u>MGRM</u>	SHERNA SPENCER
	4500 W. OAKLAND PARK BLVD
	EORT LAUDERDALE, FL 33313

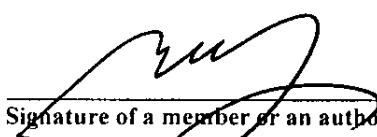
(Use attachment if necessary)

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

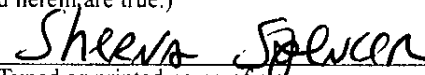
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

FILED  
 NOV 10 PM 1:19  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**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.)

  
 \_\_\_\_\_  
 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)