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SECRETARY OF STATE
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**EXAMINER** 

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Cart Blanche Productions, LLC		
Name of Limited Liability Company		
The enclosed Articles of Organization and fee(s) are submitted for filling.		
Please return all correspondence concerning this matter to the following:		
Corey Silverstein, Esq.		
Law Offices of Corey D. Silverstein, P.C.		
Firm/Company		
30150 Telegraph Road, Suite 444		
Address All 48005		
Binonam Farms Wi 46UZ5		
City/State and Zip Code		
krystenmarlette@me.com		
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:		
Corey Silverstein at (248 ) 290-0655		
Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$\sqrt{125.00 Filing Fee}\$\)\$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)  \$\sqrt{125.00 Filing Fee}\$ & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:			
Cart Blanche Productions	. LLC		
(Must end with the words "Limit	ed Liability Company, "L.L.C.," or "L.L.C.")		
ARTICLE II - Address:			
The mailing address and street address o	f the principal office of the Limited Liability Company is:		
Principal Office Adgress:	Mailing Address:		
2423 S. Orange Avenue	2423 S. Orange Avenue		
Swite #136	Suite #136		
Orlando, FL 32806	Orlando, FL 32806		
	ristered Office, & Registered Agent's Signature: we Registered Agent. You must designate an individual or anome  Agent. You must designate and you must designate an individual or anome  Agent. You must designate an individual or anome  Agent. You		
The name and the Florida street address	of the registered agent are:		
Krysten Mariette	` U/ • 1		
	Name mo		

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 as 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.

FL 32806 City, State, and Zip

Florida street address (P.O. Box NOT acceptable

2423 S. Orange Avenue, Suite 136

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Page 1 of 2

ARTICLEIV-Manageristor Managing Memberist: The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Vianage "MGRM" = Managing Member MGRM Krysten Marlette 2423 S. Orange Avenue, Suite 136 Orlando, FL 32906 (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.)

# REQUIRED SIGNATURE:

Signature of a member of 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. Tam aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.S.

# Krysten Manette

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agen:

- § 30.00 Certified Copy (Optional-
- 5 5.00 Certificate of Status (Optional