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| (Red | questor's Name) | |
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| PICK-UP | WAIT | MAIL |
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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: SELDER LAND PRODUCTIONS (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: |
| MICHAEL VAN GELDER (Name of Person) |
| (Name of Person) |
| GELDERIAND PRODUCTIONS |
| (Firm/Company) |
| 4502 OAK FOREST CT |
| (Address) |
| ORLANDO, FL 32804 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| MICHAEL VAN GEWER at (407 816-3772 (Name of Person) (Area Code & Daytime Telephone Number) |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status & Certificate of Status & 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

| L.L.C. |
|---|
| Company" or their abbreviation "LLC," or "L.C.,") |
| ncipal office of the Limited Liability Company is: |
| Mailing Address: |
| ORLANDO FT 328\$4 |
| Office, & Registered Agent's Signature: red Agent. You must designate an individual or another |
| gistered agent are: |
| GELDER |
| |
| ST G |
| ess (P.O. Box NOT acceptable) |
| FL 32804 ad Zip |
| d Zip |
| ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S |
| |

(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: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _/ - / - ZOPLe . (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.)

> GELDER CHOEL VAN

> > 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)