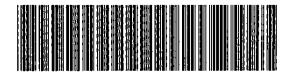
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PICK-UP	☐ WAIT	MAIL.
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Special Instructions to F	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

D. BRUCE

SEP 26 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Tony Brent Enterta	inment LLC			
50505011	Limited Liability Company			
The enclosed Articles of Organization and fee(	s) are submitted for filing.			
Please return all correspondence concerning th	is matter to the following:			
Tony Hollowell		<del></del>		
	Name of Person			
Five Hearts, Inc.				
	Firm/Company			
3307 Royal Ascot Run				
	Address			
Gotha, FL 34734			=======================================	
	City/State and Zip Code		Ę	<u>"ij</u>
Tonybrent@aol.com	used for future annual report notification)	SSE	23	í
For further information concerning this matter,	!	F 97	R :-	m
Tony Hollowell	at (407 ) 376-6631	TATE DRIDA	<u></u>	•
Name of Person	Area Code & Daytime Telephone Number	-		
Enclosed is a check for the following amou	unt:			
\$125.00 Filing Fee \$130.00 Filing Fee Certificate of State		tus &		
Mailing Address Registration Section Division of Corpora	Street/Courier Address Registration Section tions Division of Corporations			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company i	s:
Tony Brent Entertainment LL	С
(Must end with the words "Limited Lia	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3307 Royal Ascot Run Gotha, FL 34734	3307 Royal Ascot Run Gotha, FL 34734
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)  The name and the Florida street address of the Five Hearts, Inc.  Name 3307 Royal Ascender	e registered agent are:  A CONTROL OF RUN  A CON
	ddress (P.O. Box NOT acceptable)
Gotha	FL 34734 SRE :
City, S	State, and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	o accept service of process for the above stated limited at this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S

(CONTINUED)

## 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		
MGRM	Tony B. Hollowell	
	3307 Royal Ascot Run	
	Gotha, FL 34734	
MGRM	Mitzi S. Hollowell	
	3307 Royal Ascot Run	
	Gotha, FL 34734	
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	DRIDA DRIDA	
	70	ŧ.
(Use attachment if necessary)		
OF ENV. Proposition due 10 de mars de	L. CSP	
LE V: Effective date, if other than th	e date of filing: (OPTIONA	LL)
effective date is listed, the date must i	be specific and cannot be more than five business day	/s pr
0 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. I am 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.)

Tony B Hollowe !!

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)