

L000000004139

April 3, 2000

Florida Department of State
Registration Section
Division of Corporation
Post Office Box 32314
Tallahassee, Florida 32314

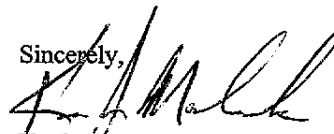
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***125.00 ***125.00

Dear Department of State:

This is the required cover letter for the articles of organization for: CHOKETIME.COM, L.L.C.

Enclosed is a check for \$125.00, which covers the filing fee and Designation of Registered Agent. Thank you.

Sincerely,



Kevin J. Maslowski
3556 Stable Ridge Lane
Land O' Lakes, Florida 34639
(813) 996-2828 (daytime)

FILED
00 APR -6 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name	
Availability	
Document Examiner	DCC
Unifier	DCC
Verifier	C
Adjudgement	DCC
W. P. Verifier	DCC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHOKETIME.COM, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

3556 STABLE RIDGE LN.
LAND O' LAKES, FL. 34639

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

KEVIN J. MASLOWSKI
Name
3556 STABLE RIDGE LN.
Florida street address (P.O. Box NOT acceptable)
LAND O' LAKES FL 34639
City, State, and Zip

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..

Kevin J. Maslowski
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Kevin J. Maslowski
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.)

KEVIN J. MASLOWSKI
Typed or printed name of signee

FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

FILED
00 APR - 4 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA