

**00000006904**

**CAPITAL CONNECTION, INC.**  
417 E. Virginia Street, Suite 100 • Tallahassee, Florida 32302  
(850) 224-8700 • 1-800-222-8602 • Fax (850) 222-8602

TMAN P/K Interactive, LLC

L-6904

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-06/14/00--01041--021  
\*\*\*\*160.00 \*\*\*\*160.00

- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☒ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☐ Photo Copy

- ☒ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

FILED  
00 JUN 14 AM 10:26  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

RECEIVED  
00 JUN 14 AM 9:57  
TALLAHASSEE FLORIDA  
DIVISION OF CORPORATIONS

2p

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: TMAN F/X INTERACTIVE, LLC.

## ARTICLE II - Address:

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

1000 UNIVERSAL STUDIOS PLAZA  
BLDG. 22A

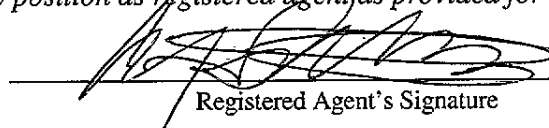
ORLANDO, FL 32819

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

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

TONY INTERDONATO  
Name  
1000 UNIVERSAL STUDIOS PLAZA #22A  
Florida street address (P.O. Box **NOT** acceptable)  
ORLANDO FL 32819  
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..*

  
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)

  
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.)

TONY INTERDONATO  
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  
JUN 14 AM 10:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA