

103 N. MERIDIAN STREET, 11th FLOOR  
TALLAHASSEE, FL 32301  
222-1173

L000000007864

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: CINDY HICKS

DATE: 7-5-00

REF. #: 0269.12305

CORP. NAME: LAB RAT Productions LLC

900003312919--9  
-07/05/00--01055--017  
\*\*\*\*125.00 \*\*\*\*125.00

MJH

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1                  | <input type="checkbox"/> UCC-3                        |
| <input type="checkbox"/> OTHER:                      |   |   |

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JUL -5 PM 1:08

STATE FEES PREPAID WITH CHECK# 7-5-00 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$

RECEIVED  
00 JUL -5 AM 10:40  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

PLEASE RETURN:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE 1 - Name:

The name of the Limited Liability Company is:

**LAB RAT PRODUCTIONS LLC**

## ARTICLE II - Address:

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

7380 Sand Lake Road, Suite 350, Orlando, Florida 32819

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

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

Louis Pearlman

Name

7380 Sand Lake Road, Suite 350

Florida street address (P.O. Box **NOT** acceptable)

Orlando FL 32819

City, State, and Zip

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JUL -5 PM 1:08

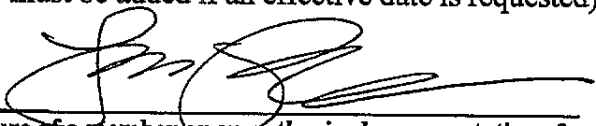
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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..*

X   
\_\_\_\_\_  
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)

X   
\_\_\_\_\_  
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.)

Louis Pearlman

Typed or printed name of signer