

L0100000096006

AIA Florida Corp Services

Requester's Name

Address

City/State/Zip

Phone #

921-4840

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Fishleg Studios, LLC  
(Corporation Name)

(Document #)

2. \_\_\_\_\_  
(Corporation Name)

(Document #)

3. \_\_\_\_\_  
(Corporation Name)

(Document #)

4. \_\_\_\_\_  
(Corporation Name)

(Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☒ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

APPROVED  
AND  
FILED  
RECEIVED  
01 JUN 15 PM 1:05  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
JUN 14 PM 12:20  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

000004420420--4  
-06/14/01--01077--009  
\*\*\*\*310.00 \*\*\*\*155.00

101-13008

Examiner's Initials

101501



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

June 14, 2001

A1A FLORIDA CORPORATE SERVICES

SUBJECT: FISHLEG STUDIOS, LLC  
Ref. Number: W01000013668

We have received your document for FISHLEG STUDIOS, LLC and your check(s) totaling \$310.00. However, the enclosed document has not been filed and is being returned for the following:

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6051.

Trevor Brumbley  
Document Specialist

Letter Number: 301A00036540

APPROVED  
AND  
FILED  
01 JUN 15 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I – Name:

The name of the Limited Liability Company is:  
Fishleg Studios, LLC

### ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is.  
1225 Hendricks Ave.  
Jacksonville, FL 32207

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

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

Larry Sisson

Name

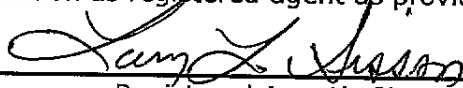
218 Southern Country Lane

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

Quincy, FL 32351

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.

### Article V – Members

Member 1: Hugh T. Farrell, III  
911 Dante Place  
Jacksonville, FL 32207

Member 2: Bradley A. Stookey  
1727 San Marco Blvd. Apt 1  
Jacksonville, FL 32207

Member 3: Eirit Zakaim  
911 Dante Place  
Jacksonville, FL 32207

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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.)

\_\_\_\_\_  
Larry Sisson

\_\_\_\_\_  
Typed or printed name of signee

APPROVED  
AND  
FILED  
01 JUN 15 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA