

PIXEL GROVE LLC

Requestor's Name

3841 B Killbuck CT

Address

Tallahassee, FL 850 843 1229

City/State/Zip

Phone #

Office Use Only

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

1. PIXEL GROVE LLC

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

900007991729--1

-09/24/02--01058--005

3.

(Corporation Name)

(Document #)

****125.00 ****125.00

4.

(Corporation Name)

(Document #)

☒ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☒ Will wait

☐ Photocopy

☐ Certificate of Status

02 SEP 24 PM 2:15

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DIVISION OF CORPORATIONS

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
PIXELGROVE.COM, L.L.C.**

The undersigned individual, acting as the authorized representative of a member under the provisions of Chapter 608, Florida Statutes, adopts the following Articles of Organization:

ARTICLE I

Name

The name of this Limited Liability Company shall be **PIXELGROVE.COM, L.L.C.**

ARTICLE II

Principal Place of Business and Mailing Address

The principal place of business and mailing address of the Limited Liability Company shall be 3841-B Killearn Court, Tallahassee, Florida 32309.

ARTICLE III

Duration

The period of duration for the Limited Liability Company shall be perpetual, unless terminated by other provisions of these Articles of Organization.

ARTICLE IV

Management

The Limited Liability Company is to be managed by its members as set forth in its Regulations. The names and addresses of the members are:

<u>Name</u>	<u>Address</u>
Lawrence M. Smith	3841-B Killearn Court Tallahassee, Florida 32309
Phil Bunnell	3841-B Killearn Court Tallahassee, Florida 32309
Marjorie Sue Smith	3841-B Killearn Court Tallahassee, Florida 32309

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ARTICLE V

Admission of Additional Members

Members of the Limited Liability Company may admit additional members, but only upon the unanimous approval of the existing members of the Limited Liability Company.

ARTICLE VI

Transfer of Member's Interest

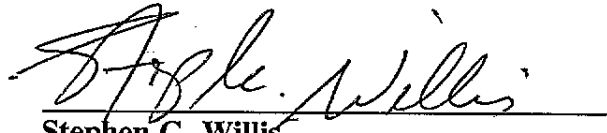
The transfer of any member's interest in the Limited Liability Company, whether to an existing member or a non-member, requires unanimous approval of all members of the Limited Liability Company.

ARTICLE VII

Name and Address of Registered Agent

The name and address of the Registered Agent of the Limited Liability Company shall be Stephen C. Willis, and his address is 1407 Piedmont Drive East, Suite B, Tallahassee, Florida 32308.

IN WITNESS WHEREOF, the undersigned, the authorized representative of a member of this Limited Liability Company, executes these Articles of Organization and certifies to the truth of the facts herein stated in the State of Florida, this ____ day of September, 2002.


Stephen C. Willis,
Authorized Representative Of A Member

State of Florida
County of Leon

The foregoing Articles of Organization were acknowledged before me this ____ day of September, 2002, by Stephen C. Willis.


Notary Public



Celia M. Claverie
MY COMMISSION # DD085686 EXPIRES
January 22, 2006
BONDED THRU TROY FAIR INSURANCE, INC.

**CERTIFICATE OF DESIGNATION
OF REGISTERED AGENT/OFFICE**

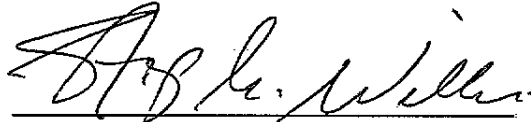
PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA:

1. The name of the limited liability company is PIXELGROVE.COM, L.L.C.
2. The name and address of the registered agent and office is:

Stephen C. Willis
1407 Piedmont Drive East, Suite B
Tallahassee, Florida 32308

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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 OF 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.


Signature

Date

State of Florida
County of Leon

The foregoing Certificate of Designation of Registered Agent / Office was acknowledged before me this _____ day of September, 2002, by Stephen C. Willis.


Notary Public



Celia M. Claverie
MY COMMISSION # DD085686 EXPIRES
January 22, 2006
BONDED THRU TROY FAIN INSURANCE, INC.