

LD3000003180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

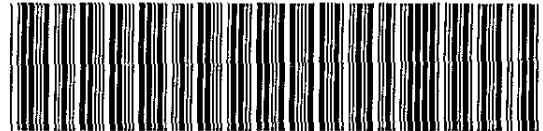
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MJH

FILED  
03 JAN 27 AM 8:54  
JAN 27 2003  
FBI - MEMPHIS

January 24, 2003

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

I, David W. Robinson, managing member of a newly formed company, First Artist Management, LLC, do hereby submit the attached Articles of Organization for said company. Company will activate immediately following registration with the State of Florida.

As Managing member, I also submit the following street address and daytime phone for myself and said company.

David W. Robinson  
9152 Phillips Grove Ter.  
Orlando, FL 32836  
407-903-9981

Sincerely,

A handwritten signature in cursive script, appearing to read "David W. Robinson", written in dark ink.

David W. Robinson

Encl: \$100 Filing Fee and \$25 Designation of Registered Agent.

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

FIRST ARTIST MANAGEMENT, LLC

## ARTICLE II - Address:

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

9152 PHILLIPS GROVE TER., ORLANDO, FL 32836

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

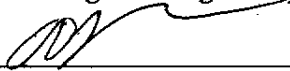
The name and the Florida street address of the registered agent are:

ANNETTE ROBINSON  
Name

9152 PHILLIPS GROVE TERRACE  
Florida street address (P.O. Box NOT acceptable)

ORLANDO, FL 32836  
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

(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.)

DAVID W. ROBINSON  
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)

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03 JAN 27 AM 8:54  
TALLAHASSEE, FLORIDA