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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

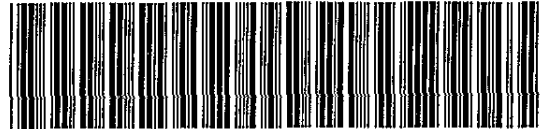
(Business Entity Name)

(Document Number)

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

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~~W03-4244~~

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03 FEB 25 PM 3:42  
SECRETARY OF STATE  
FALL ARABIAN FT CRD2

AND  
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JP  
2-25-03

**BAYONET ENTERTAINMENT, LLC**

14401 BIRCH STREET  
HUDSON, FL 34667

Florida Dept Of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: New Limited Liability Company

Dear Department of New registrations:

Please start a new Limited Liability Company for  
**Bayonet Entertainment, LLC.**

Enclosed is the articles of organization and all of the filing fees.

Thank You

Al Meyer  
14401 Birch Street  
Hudson, FL 34667  
727-868-1112

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AND  
FILED



FLORIDA DEPARTMENT OF STATE

Ken Detzner  
Secretary of State

February 13, 2003

AL MEYER  
BAYONET ENTERTAINMENT, LLC  
14401 BIRCH ST.  
HUDSON, FL 34667

SUBJECT: BAYONET ENTERTAINMENT, LLC  
Ref. Number: W03000004244

We have received your document for BAYONET ENTERTAINMENT, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6025.

Trevor Brumbley  
Document Specialist

Letter Number: 003A00009681

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:** Bayonet Entertainment, LLC  
The name of the Limited Liability Company is:

**ARTICLE II - Address:** 14401 Birch St. Hudson, FL 34667  
The mailing address and street address of the principal office of the Limited Liability Company is:

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

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

Al Meyer  
Name  
14401 Birch Street  
Florida street address (P.O. Box **NOT** acceptable)  
Hudson FL 34667  
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.*

Al Meyer  
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Al Meyer  
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.)

Al Meyer  
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)

AND  
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