

L03000026676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

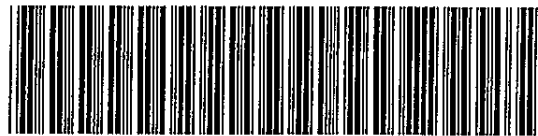
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN JUL 22 2003

**PERRY
DOUGLAS
WEST
CHARTERED**

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

July 16, 2003

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

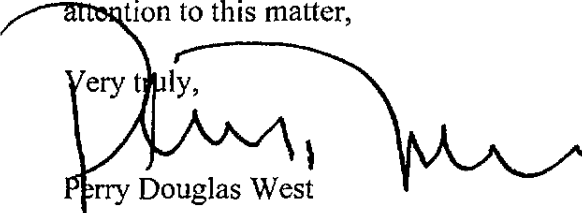
Re: 321 Entertainment L.L.C.

Ladies and Gentlemen:

Enclosed please find for filing, the Articles of Organization for the above referenced Limited Liability Company. Also enclosed is a copy for return with your file stamp along with a check in the amount of \$160.00 for the filing fee, designation of registered agent, certified copy and status report.

I would request that these items be returned to this office. Thank you for your attention to this matter,

Very truly,


Perry Douglas West

PERRY DOUGLAS WEST
ATTORNEY AND COUNSELLOR AT LAW

POST OFFICE BOX 1656 • COCOA, FLORIDA 32923

321-632-7622 • FAX: 321-632-7622 • PDWEST@ATT.NET

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: _____

321 ENTERTAINMENT, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

Post Office Box 560305

Rockledge, Florida 32956-0305

Mailing Address:

Post Office Box 560305

Rockledge, Florida 32956-0305

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

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

Perry Douglas West, Esq.

Name

215 South Riverside Drive, Suite 12

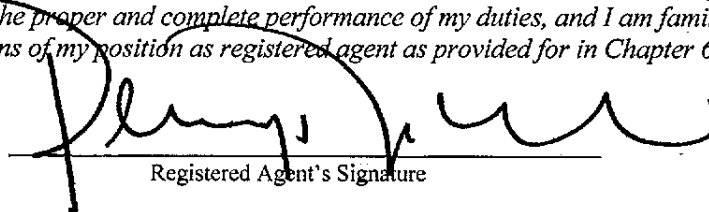
Florida street address (P.O. Box **NOT** acceptable)

Cocoa

FL 32922

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

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Tony Hatfield

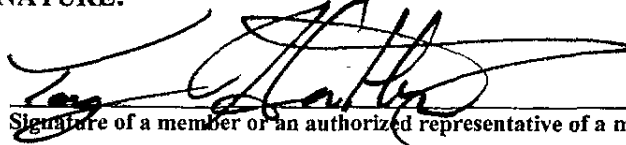
P.O. Box 560305

Rockledge, Florida 32956-0305

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

TONY HATFIELD

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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