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Account Name : BUSINESS FILINGS
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LIMITED LIABILITY COMPANY

Knockout Digital Production, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION
OF
Knockout Digital Production, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Knockout Digital Production, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 5406 Pine Creek Dr., Orlando, Florida 32811.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Gil Chavez, 1594 Jessamine Ave., Orlando, Florida 32806. Located in the County of Orange.


ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2043.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Dan Beach, 5406 Pine Creek Dr., Orlando, Florida 32811
Gil Chavez, 1594 Jessamine Ave., Orlando, Florida 32806


Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
Madison, WI 53717

(608) 827-5300

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CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **Knockout Digital Production, LLC**

The name and address of the registered agent and office is: Gil Chavez, 1594 Jessamine Ave., Orlando, Florida 32806. Located in the County of Orange.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: _____

Gil Chavez

Date: October 28, 2003

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