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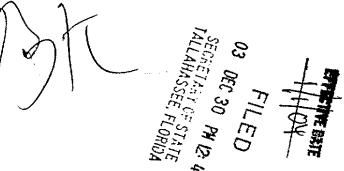
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## TRANSMITTAL LETTER

SUBJECT: WATERFORD PRODUCTIONS, L.L.	<u>C.</u>
(Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
MAUREEN P. WAISH (Name of Person)	FILT 03 DEC 30 SECKETARY TALLAHASSE
WATERFORD PRODUCTIONS (Firm/Company)	30 PH 12: 48 30 FI STATE SSEE, FLORIDA
4861 Planters Ridge Drive (Address)	≯```, &
TA   A   ASSEE   FL 32311 (City/State and Zip Code)	

For further information concerning this matter, please call:

MAUREEN WAISH at 850 877-9437
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

TO:

Registration Section

Division of Corporations

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WATERFORD PRODUCTI	ons, L.L.C.
ARTICLE II - Address:	•
The mailing address and street address of the princ	ipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4861 PLANTERS RIDGE DR. THILAHASSEE, FL 32311	4861 PlANTERS RIDGE DR. TALLAMASSEE, FL 32311
ARTICLE III - Registered Agent, Registered O	
The name and the Florida street address of the regis	VA SH PER SECTION
Name	ANIAS CE T
4861 PLANTERS RI	DGE DR. SET 3 I I

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..

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

Registered Agent's Signature

(CONTINUED)

The name and addre	ess of each Manager or l	Managing Member is as follows:	
Title: "MGR" = Manager "MGRM" = Manager	-	Name and Address:	
MGR		MAUREEN P. WAISH 4861 PLANTERS RIDGE DR THUMHASSEE, FL 3231	
			SECKETARICO
	- · · · -		FLORIDA
(Use attachment if r		E MAKE EFFECTIVE	r (
REQUIRED SIGN	Marken	an authorized representative of a member.	
	(In accordance with section of this document constitutes that the facts stated herein at	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury	

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

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)