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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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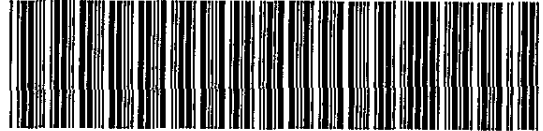
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Transmittal Letter**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Official Entertainment, LLC

The enclosed Articles of Incorporation and fees have been submitted for filing.

Please return all correspondence concerning this matter to the following address:

**Jacob Garber**  
**Official Entertainment, LLC**  
**10975 West Broward Blvd.**  
**Plantation, Fl. 33324**

For further information concerning this matter, please call:

**Jacob Garber #(954) 608-5849**

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TALLAHASSEE, FLORIDA

Articles of Incorporation  
for  
Official Entertainment, LLC

**ARTICLE I**

The name of the Limited Liability Company is:

**Official Entertainment, LLC**

**ARTICLE II**

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

**10975 West Broward Blvd.  
Plantation, Fl. 33324**

**ARTICLE III**

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

**Jacob Garber  
10975 West Broward Blvd.  
Plantation, Fl. 33324**

*Having been named as the 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 the registered agent as provided for in Chapter 608 of the Florida Statutes.*

  
\_\_\_\_\_  
Registered Agent Signature

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ARTICLE IV

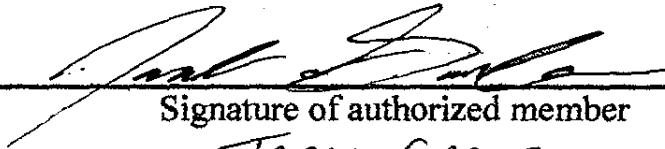
Title:

Name and Address:

MGR

Jacob Garber  
10975 West Broward Blvd.  
Plantation, Fl. 33324

*(In accordance with section 608.408, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated are true.)*



Signature of authorized member

JACOB GARBER

Printed name

SECRETARY OF STATE  
ALLA ASSEE, FLORIDA

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