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(City/State/Zip/Phone #)

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(Business Entity Name)

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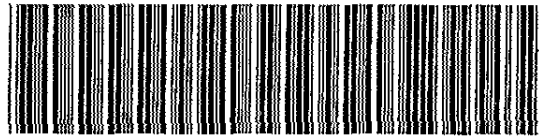
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HIGH VOLTAGE EXTREME ENTERTAINMENT, LLC
(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:

JUDITH J. THOMAS, ESQ.

(Name of Person)

ATTORNEY AT LAW

(Firm/Company)

30617 US HIGHWAY 19 NORTH, SUITE 502

(Address)

PALM HARBOR, FLORIDA 34684

(City/State and Zip Code)

For further information concerning this matter, please call:

JUDITH J. THOMAS

(Name of Person)

at (727) 403-7318

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

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:

HIGH VOLTAGE EXTREME ENTERTAINMENT, LLC

ARTICLE II - Address:

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

Principal Office Address:

7022 IRONWOOD DRIVE

ORLANDO, FLORIDA 32818

Mailing Address:

7022 IRONWOOD DRIVE

ORLANDO, FLORIDA 32818

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

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

JUDITH J. THOMAS, ESQ.

Name

5011 KERNWOOD COURT

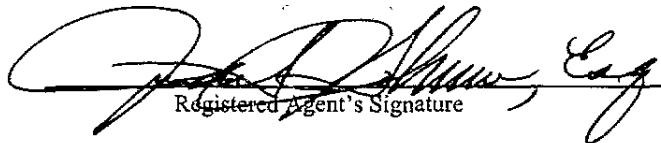
Florida street address (P.O. Box **NOT** acceptable)

PALM HARBOR FLORIDA 34685

City, State, and Zip

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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE SEVENTH JUDICIAL CIRCUIT
IN FLORIDA

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, Florida Statutes..


Registered Agent's Signature

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

Name and Address:

"MGRM" = Managing Member

AURELIO M. FUENTES

ORLANDO, FLORIDA 32818

(Use attachment if necessary)

REQUIRED SIGNATURE:

D 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.)

JUDITH J. THOMAS, ESQ.

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)