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(Requestor's Name)

(Address)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

**AFFORDABLE LEGAL CLINIC, INC.**

426 E. Highway 434 • Winter Springs, Florida 32708  
Post Office Box 180292 • Casselberry, Florida 32718-0292  
Telephone: (407) 327-5297 • Facsimile: (407) 327-8444 • e-mail: rainbow@iag.net

January 30, 2004

Secretary of State  
Division of Corporations  
Post Office Box 6327  
The Capitol  
Tallahassee, Florida 32399-6327

Re: STEAM STUDIOS, LLC.

Dear Sir:

Enclosed please find two copies of Articles of Organization for Florida Limited Liability Company now being formed -- STEAM STUDIOS, LLC.

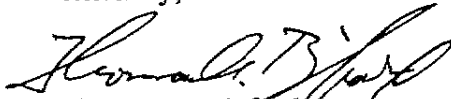
Also enclosed please find our check in the amount of \$130.00. This check includes payment for the following:

Filing fee	\$100
Registered Agent's Designation	25
Certificate of Status	<u>5</u>
<b>TOTAL</b>	<b>\$130.00</b>

Please send the duplicates to Affordable Legal Clinic, Inc., 426 E. Hwy 434, Winter Springs, Florida 32708.

Your cooperation in this matter is appreciated.

Sincerely,

  
Thomas A. Binford

Enclosures

TAB:rr

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

STEAM STUDIOS, LLC

**ARTICLE II - Address:**

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

Principal Office Address:

Mailing Address:

5620 Pats Point

Winter Park, Florida 32792

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

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

STEVEN C. MCCAIN

Name

5620 Pats Point

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

Winter Park, FLORIDA 32792

City, State, and Zip

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

*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

**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

MGRM

**Name and Address:**

Steven C. McCain

5620 Pats Point

Winter Park, Florida 32792

MGRM

Samson P. Cranford

5620 Pats Point

Winter Park, Florida 32792

(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.)

STEVEN C. MCCAIN

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)