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W04-13982 J. BRYAN APR - 9 2004

J. BRYAN MAY 1 0 2004

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Dream Lair Productions (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:
Michael Pedicelli (Name of Person)
(Name of Person)
Dream Lair Productions (Firm/Company)
(Firm/Company)
1558 Sugarwood Cir.
(Address)
Winter Park, FL 32792
(City/State and Zip Code)
For further information concerning this matter, please call:
Michael Pedicelli at 407, 681-2144
(Name of Person) (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



April 9, 2004

MICHAEL PEDICELLI DREAMLAIR PRODUCTIONS 1558 SUGARWOOD CIR. WINTER PARK, FL 32792

SUBJECT: DREAMLAIR PRODUCTIONS

Ref. Number: W04000013982

We have received your document for DREAMLAIR PRODUCTIONS and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 204A00023526

Joey Bryan Document Specialist

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
1558 Sugarwood Cir.	1558 Sugarwood Cir.
Winter Park, FL 32792	Winter Park, FL 3279
Michael Rec	
Michael Reconstruction Name 1558 Sugarw Florida street address (P.O. 1	ood Cir.
1558 Sugarw	ood Cir. Box NOT acceptable)

Page 1 of 2 (CONTINUED)

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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR MGRM (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.) tney Norton
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)