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**TRANSMITTAL LETTER**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 JUL 19 PM 3:45

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ROUSE 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:

TYSHON L. ROUSE

(Name of Person)

ROUSE ENTERTAINMENT, LLC.

(Firm/Company)

7259 FREEDOM CT.

(Address)

NAVARRE FLORIDA 32566

(City/State and Zip Code)

For further information concerning this matter, please call:

TYSHON L. ROUSE

(Name of Person)

at ( 850 ) 939.7616 9AM TO 5PM

(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**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ROUSE ENTERTAINMENT, LLC.

**ARTICLE II - Address:**

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

**Principal Office Address:**

ROUSE ENTERTAINMENT, LLC.

7259 FREEDOM CT.

NAVARRE FLORIDA 32566

**Mailing Address:**

ROUSE ENTERTAINMENT, LLC.

7259 FREEDOM CT.

NAVARRE FLORIDA 32566

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

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

TYSHON L. ROUSE

Name

7259 FREEDOM CT.

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

NAVARRE FLORIDA 32566

City, State, and Zip

*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..*

Typhon Rouse 7.19.04

Registered Agent's Signature

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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

**Name and Address:**

MGR

TYSHON L. ROUSE

7259 FREEDOM CT.

NAVARRE FLORIDA 32566

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(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

Tyshon Rouse 7.19-04  
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.)

TYSHON L. ROUSE  
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)**