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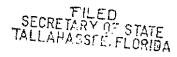
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04 JUL 19 PM 3:41

TRANSMITTAL LETTER



.04 JUL 19 PM 3: 45 Division of Corporations ROUSE ENTERTAINMENT, LLC. SUBJECT: (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: at (850) 939.7616 9AM TO 5PM (Area Code & Daytime Telephone Number) TYSHON L. ROUSE

STREET ADDRESS:

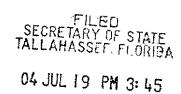
(Name of Person)

TO:

Registration Section

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

ROUSE ENTERTAINMENT, LLC.			
ARTICLE II - A			
The mailing addre	ess and street address of	the principal office of the Limited Liability Compar	
Principal Office Address:		Mailing Address:	
ROUSE ENTERTAINMENT, LLC.		ROUSE ENTERTAINMENT, LLC.	
7259 FREEDOM CT.		7259 FREEDOM CT.	
NAVARRE FLORIDA 32566		NAVARRE FLORIDA 32566	
	• • •	stered Office, & Registered Agent's Signature: of the registered agent are:	
	Florida street address o	of the registered agent are:	
	Florida street address o		
	Florida street address of TYSHON	of the registered agent are:	
	Florida street address of TYSHON 7259 FRE	L. ROUSE Name	
	Florida street address of TYSHON 7259 FRE	L. ROUSE Name EEDOM CT.	
	TYSHON 7259 FRE Florida street address of the street address of t	L. ROUSE Name EEDOM CT. ess (P.O. Box NOT acceptable)	

Page 1 of 2 (CONTINUED)

Registered Agent's Signature

FILED SECRETARY OF STATE TALLAHASSEC, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows: JUL 19 PM 3: 45

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	TYSHON L. ROUSE
	7259 FREEDOM CT.
	NAVARRE FLORIDA 32566
,	

(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	
	se 7.19-04
Signature of a member or a	n authorized representative of a member.
(In accordance with section 6 of this document constitutes a that the facts stated herein are	508.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury e true.)
TYSHO	ON 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)