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SECRETARY OF STATE

105-10829

TRANSMITTAL LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Name of Limited	LLC Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
<u> </u>) Illiam C. Wo.	ame of Person)	
	(F	Firm/Company)	
···	1004 NW	94 th 57 (Address)	
والمستعدد والمراور وا	Gainesville (City/	FL 32606 State and Zip Code)	
For further information of	concerning this matter, please of	call:	
William C. (Name	Woodbury, Jr.	at (<u>352</u> <u>332</u> —6 (Area Code & Daytime To	5052 elephone Number)
Enclosed is a check fo	r the following amount:		
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ET ADDRESS: ration Section	MAILING A Registration S	

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32399

409 E. Gaines Street

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Potent Pixels, 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:			
1004 NW 94th ST Gaines ville, FL 32606	1004 NW 99 ⁴ 57 Gainesville, FL 32	606		
ARTICLE III - Registered Agent, Registered	d Office, & Registered Agent's Sig	gnature:		
(004 NW 94) Florida street add	f th ST Idress (P.O. Box <u>NOT</u> acceptable)			
<u>City, State,</u>	FL 32606 and Zip			
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regional Registered Agent.	accept service of process for the about this certificate, I hereby accept the acty. I further agree to comply with the cerformance of my duties, and I am faistered agent as provided for in Chap	ppointment as e provistons of all amiliar with and		

(CONTINUED)

Page 1 of 2

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

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

GR" = Manager GRM" = Managing Member	
MGRM	William C. Woodbury, Jr 1004 NW 94th ST Gainesville, EL 32606

(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.)

William C. Woodbury, Jr
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

2005 JAN 24 PH 2: 23
SECRETARY OF STATE
ANASSEE, FLORIDA