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(Requestor's Name)		
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(City/State/Zip/Phone #)		
(Only-out-2-p) Hone #7		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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PLANT ANASSEE, FLORIDA

J. BRYAN AUG 1 5 2005

To: Division of Corporations, FL From: Matthew J. Heady Subject: SoftPixel Studios, LLC

To whom it may concern,

Please find my required paperwork for articles of incorporation to file SoftPixel Studios, LLC in the state of Florida. As requested, my information is as follows...

Matthew J. Heady 1828 Waldorf Dr. Royal Palm Beach, FL 33411 (561) 795-3209

Thank you for processing my business license, and look forward to receiving my Certificate of Status

Regards,

Matthew J. Heady

PILEU
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TRANSMITTAL LETTER

TO: Registration Set Division of Co			
SUBJECT: 50	FTPIXEL ST	voios, LLC	THIS NIG 12 PM 1: 4
	(Name of Limite	d Liability Company)	613
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.	SSE PA
Please return all corresp	ondence concerning this matte	er to the following:	
	MATTHE	Name of Person)	TOS.
	0	Name of Person)	
	SOFTPIXE	L STUDIOS	
		Firm/Company)	
	1828 WALDOR	FDR.	
		(Address)	· · · · · · · · · · · · · · · · · · ·
	eoyal ?	nn Beach, F	L 33411
		(State and Zip Code)	
For further information	concerning this matter, please	call:	
MATHEW	HEADY	at (561) 795 (Area Code & Daytime To	- 3209
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:		
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS:		MAILING A	DDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLE I - Nan	пе:		
The name of the Li	imited Liability Company is	s:	₹ 3
		S. C.	3 2
501	FTPIKEL STUI	pios, LLC	g,
ARTICLE II - Ad		``````````````````````````````````````	多多
The mailing addres	ss and street address of the	principal office of the Limited Liability Company	y is:
Principal Office A	ddress:	Mailing Address:	
1828 WALL	out or.	1828 WALPOLF PR.	
ROYAL MA	our or. A Beach, fl	LOUN MAN BEACH, PC	
33411		33411	
		ed Office, & Registered Agent's Signature:	
	Florida street address of the	registered agent are:	
The name and the F			
The name and the f		J. HEADY	
The name and the F		J. HEADY	
The name and the F	M ATTHEW Nam		
The name and the F	MATTHEW Nam 1828 WALD		
The name and the F	MATTHEW Nam 1828 WALOG	ddress (P.O. Box <u>NOT</u> acceptable)	
The name and the F	MATTHEW Nam 1828 WALD	ddress (P.O. Box <u>NOT</u> acceptable)	

(CONTINUED)

Registered Aget's Signature

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	MATHEW J. HEADY 1828 WALGERF PR. ROYAL PARM BEACH, PC 33411
<u></u> :	
	TILE TO LE
	Z PM 1:13
(Use attachment if necessary)	DE STATE OF THE ST

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.)

Typed or printed name of signee

Filing Fees:

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)