L05/2010/979

2005 OCT 13 P SECRETARY OF STATE FALLAHASSEE, FLORIDA (Address) (Address) (City/State/Zip/Phone #) PICK-UP MAIT WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:

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COVER LETTER

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TO: Registration So Division of Co			FILED
SUBJECT:	Name of Limite	STUDIO, LLC d Liability Company)	SECRETARY OF STA
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	TELAHASSEE, FLOR
Please return all corresp	oondence concerning this matte	er to the following:	
RICHAR	ED E. FLOTTE	EMESCH Name of Person)	
		(Firm/Company)	
<u>465</u> S.	W. BROTHERS	LANE (Address)	
LAKE	W. BROTHERS	32025	
	concerning this matter, please		
RICHARD E. (Name	FUIT 5MESUL1 of Person)	at (386) 96/8 (Area Code & Daytime Te	FO6 / lephone 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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	s

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPA **ARTICLE I - Name:** The name of the Limited Liability Company is: CAST LIGHT STUDIO, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,") **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: **Mailing Address:** Principal Office Address: 465 SW. BROTHERS LANE 465 SW. BROTHERS LANE LAKE CITY, FL., 32025 LAKE CITY, FL., 32025 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:

RICHARD E FLOTTEMESCH

Name

465 SW BROTHERS LAVE

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

LAKE CITY FL 32025
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. F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

Title:	Name and Address:	FILE
"MGR" = Manager "MGRM" = Managing Member		2005 OCT 13 P
MBR	RICHARD E. FLOTTEM 465. SW. BROTHERS LAN LAKE CITY, FL., 32025	ALAHASSEE, FL
		
(Use attachment if necessary)		
	e date of filing: oe specific and cannot be more than five	
REQUIRED SIGNATURE:		
	dlem	
REEL	er or an authorized representative of a memi	oer.
Signature of a member (In accordance with se	er or an authorized representative of a member ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perj	n

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)