

## Florida Department of State

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# LIMITED LIABILITY COMPANY

Clarke Foster Studios, L.L.C.

|                       | <del></del> |
|-----------------------|-------------|
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# ARTICLES OF ORGANIZATION FOR

### FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name  | CLADKE ECCEPT CETTOTOC T T C  |  |
|---|---|--|
| The name of the Limited Liability Company is:   | CLARKE FOSTER STUDIOS, L.L.C.   |  |
| ARTICLE II - Address  |   |  |
| The mailing address and street address of the prin  | ncipal office of the Limited Liability Company is:  |  |
| Principal Office Address:   | Mailing Address:  |  |
| 11749 Oxford Street   | 11749 Oxford Street   |  |
| Seminole, FL 33772  | Seminole, FL 33772  |  |
|   |   |  |
| •   |   |  |
| ARTICLE III - Registered Agent, Reg   | istered Office & Registered Agent's Signature   |  |
| The name and Florida street address of the regist   |   |  |
| Ei  | luned Foster-Watts  |  |
| <del></del>   | Name  |  |
| 11  | 749 Oxford Street   |  |
|   | (P.O. Box or Mail Drop Box NOT Acceptable)  |  |
| Se  | minole, FL 33772  |  |
|   | (City / State / Zip)  |  |
| it the place designated in this certificate, I he apacity. I further agree to comply with the p | to accept service of process for the above stated limited liability company ereby accept the appointment as registered agent and agree to act in this rovisions of all statutes relating to the proper and complete performance upt the obligations of my position as registered agent as provided for in |  |
| <u> </u>  | Tota-Watts  |  |
| Registered Agent's Signature - Eiluned Foster-Watts   |   |  |

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

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

| <u>Title:</u> "MGR"=Manager "MGRM"=Managing Member | Name and Address:   |
|--|---|
| MGRM   | Eiluned Foster-Watts-11749 Oxford Street, Seminole, FL 33772  |
|  |   |
|  |   |
| <u> </u>   |   |
| (Use attachment if necessary)                      |   |
| REQUIRED SIGNATURE:                                |   |
|  | E C Foton- Watts  |
| Signatu  | re of a member or authorized representative of a member.  |
| document   | ance with section 608.408(3), Florida Statutes, the execution of this constitutes an affirmation under the penalties of perjury that the facts in are true. |

**Eiluned Foster-Watts** 

Typed or printed name of signee

SECKETARY SECTION A 8: 31