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(Requestor's Name)
(Address)
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(Adding a A
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
(Document Number)
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Special Instructions to Filing Officer:

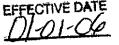
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SECRETARY OF STAIL
BIVISION OF CORPORATION



COVER LETTER

Division of Cor					
SUBJECT: THE S	TUDIO Ltd.Co.				
	(Name of Limited	l Liability Company)			
The enclosed Articles of	Organization and fee(s) are se	abmitted for filing.			
Please return all correspo	ondence concerning this matte	r to the following:			
ELAINE Y	VONNE MAHAN				-
		Name of Person)			
THE STU	DIO Ltd. Co.	Firm/Company)			
E404 D0					
5481 DO	WNHAM MEAD	(Address)			
SARASC	TA, FL. 34235			2005	DIVIO
		State and Zip Code)		DEC	NON.
For further information of	concerning this matter, please	cail:		2005,DEC 21 PH 4:	DIVISION OF CORPORATIONS
ELAINE MAHA	NITI	at (941) 377-97	98	PH C	POR.
	of Person)	(Area Code & Daytime To		: 5	ATION
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)	\$160.00 Filing F Certificate of Status Certified Copy (additional copy is enclo	&	
	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	ns		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

y Company is:			
y Company is:			
y Company is:			
3202 CORTEZ ROAD WEST			
BRADENTON, FL. 34207			
SECRETA DIVISION OF 2005 DEC 2			
~>			
PH 4:			
F: 5			

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

Of-OI-OG

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	ELAINE YVONNE MAHANTI 5481 DOWNHAM MEADOW SARASOTA, FL. 34235	
(Use attachment if necessary)		
	the date of filing: 01-02-06 . (OPTIONAL t be specific and cannot be more than five business days	
REQUIRED SIGNATURE: $\mathcal{L}_{\mathcal{A}}$	11 Malas	DIVISION O

Filing Fees:

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

that the facts stated herein are true.)

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury