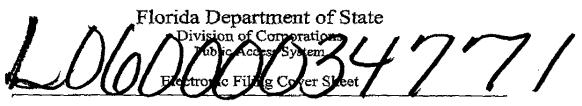
BASKIN FLEECE

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Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : BASKIN & PLEECE, P.A.

Account Number : I20020000047 Phone : (727)572-4545

Fax Number z (727)572-4646

FLORIDA/FOREIGN LIMITED LIABILITY CO.

DL STUDIO'S LLC

Certificate of Status 0 Certified Copy Û Page Count 01 Estimated Charge \$125.00

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Audit Fax No: H060000876223

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

DL STUDIO'S LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

1409 NORTH FORT HARRISON AVENUE, UNIT H CLEARWATER, FLORIDA 33765

ARTICLE III - Managers: The Company shall be Managed by Managers and the name and address of the Managers are:

MICHAEL HOWLAND 1409 NORTH FORT HARRISON AVENUE, UNIT H CLEARWATER, PLORIDA 33765

ROBERT C. E. WILLIAMS 1409 NORTH FORT HARRISON AVENUE, UNIT H CLEARWATER, FLORIDA 33765

TAR ST. MARTIN 1409 NORTH FORT HARRISON AVENUE, UNIT H CLEARWATER, FLORIDA 33765

KELLY ST. MARTIN 1409 NORTH FORT HARRISON AVENUE, UNIT H CLEARWATER, FLORIDA 33765

STEPHEN BRIDGMAN 1409 NORTH FORT HARRISON AVENUE, UNIT H CLEARWATER, FLORIDA 33765

PAULINE BRIDGMAN 1409 NORTH FORT HARRISON AVENUE, UNIT H CLEARWATER, FLORIDA 33765 DIVISION OF CORPORATION

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Audit Fax No: H060000876223

ARTICLE IV - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

KEVIN M. COLLVER, ESOUIRE

Name

13577 FEATHER SOUND DRIVE, SUITE 550 CLEARWATER, FLORIDA 33762 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

(An additional article must be added if an effective date is requested)

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.)

- Man (100

KEVIN M. COLLVER

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