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COVER LETTER

TO:	Registration So Division of Co			
SURIE	CT. BIZAF	R ENTERTAINMEN	NT, LLC.	
50.60			d Liability Company)	
The end	closed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please	return all corresp	ondence concerning this matte	er to the following:	
	Joseph T	homas Saunders		
•			Name of Person)	
	Bizar Ent	ertainment, LLC.		
	·····		Firm/Company)	
	36 Heath	ner Green Court		
•			(Address)	
	Ocoee i	lorida 34761		
	00000, 1		/State and Zip Code)	
For fur	ther information	concerning this matter, please	call:	
Joseph Saunders		at (407 590-40 Area Code & Daytime T	91	
	(Name	e of Person)	(Area Code & Daytime 1	elephone Number)
Enclos	ed 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 Addre Registration Section Division of Corporation Clifton Building 2661 Executive Cente	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Bizar Entertainment, LLC (Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC" or "L.C.")
	2 Company of their above-various label, of 2.e.,
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
The maning address and succe address of the pri	norpar office of the Emilieu Elaonicy Company is.
Principal Office Address:	Mailing Address:
36 Heather Green Court	SAME
Ocoee, Fl. 34761	
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the respective paylina Gyumísheva-Saul Name	egistered agent are:
	= 33
36 Heather Green Ct	ress (P.O. Box NOT acceptable)
_	· · · · · · · · · · · · · · · · · · ·
Ocoee, City, State, a	FL 34761 nd Zip
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity statutes relating to the proper and complete per	cocept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

Title:	-	lame and Address:		
"MGR" = Mana "MGRM" = Ma	ger naging Member			
MGRM	ŗ	Pavlina Gyumisheva-Saunders		
		6 Heather Green Ct		
	9	Ocoee, FI 34761		
MGRM		oseph Saunders		
		6 Heather Green Ct.		
	9	Ocoee, FI 34761		

	-			
	-			
	 -			
(Use attachmen	if necessary)		····	
CLE V: Effective	e date, if other than the date of sted, the date must be speciate of filing.)	of filing: <u>D.O.F.</u> . (OP ific and cannot be more than five busin	iess days	L)
CLE V: Effective feetive date is look days after the	date, if other than the date of sted, the date must be spectate of filing.)	of filing: D.O.F (OP ific and cannot be more than five busing a suthorized representative of a member.	iess days	L)
CLE V: Effective feetive date is look days after the	e date, if other than the date of sted, the date must be speculate of filing.) IGNATURE: Signature of a member or a (In accordance with section 6 of this document constitutes a	a authorized representative of a member. 08.408(3), Florida Statutes, the execution affirmation under the penalties of perjury	iess days	L) FP FISH STORY
CLE V: Effective feetive date is look days after the	date, if other than the date of sted, the date must be speciate of filing.) GNATURE: Signature of a member or a (In accordance with section 6	ific and cannot be more than five busing authorized representative of a member. 08.408(3), Florida Statutes, the execution affirmation under the penalties of perjury are true.)	TIONAL OF MAY -4 PM 1: 07	L) IPP IN A STATE OF THE COLUMN TO THE COLUM

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)