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SECRETARY OF STATEMS
DIVISION OF CORPORATIONS

J. BRYAN SEP 2. 0. 2006

COVER LETTER

TO:

TO:	Registration Se Division of Co				
SUBJE	_{CT:} Erik an	d Christine, LLC (Name of Limited	d Liability Company)		
The end	closed Articles of	f Organization and fee(s) are so	ubmitted for filing.		
Please r	eturn all corresp	ondence concerning this matte	er to the following:		
į	Robert Tac				
		O	Name of Person)		
ı	Elusion Pro	ductions Inc.			
(Firm/Company)					
4700 Millenia Blvd. Suite 175					
			(Address)		一
(Orlando, F	Florida 32829			B CARPE
_		(City)	/State and Zip Code)		- HO SEE
For furt	her information	concerning this matter, please	call:		OBSUP 18 AH 9:54
Robe	rt Taormina		at (407) 210-652		
	(Name	of Person)	(Area Code & Daytime To	elephone Number)	
Enclose	ed is a check fo	or the following amount:			
\$125	.00 Filing Fee	\$130.00 Fiting 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 Addres 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: The name of the Limited Liability Company is:	
	Company" or their abbreviation "LLC," or "L.C.,")
Erik and Christine, LLC	EP WELL
(Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address	RPC
The mailing address and street address of the prin	ncipal office of the Limited Liability Companys:
1	, cr
Principal Office Address:	Mailing Address:
4700 Millenia Blvd. Suite 175	4700 Millenia Blvd. Suite 175
Orlando, Florida 32829	Orlando, Florida 32829
business entity with an active Florida registration.) The name and the Florida street address of the re Robert Taormina/Elusion Prod Name	
4700 Millenia Blvd. Suite 17	5
	ess (P.O. Box NOT acceptable)
Orlando, Florida	FL 32839
City, State, ar	
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	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S (REQUIRED)

(CONTINUED)
Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manag "MGRM" = Man		Name and Address:	
MGR		Robert Taormina 4700 Millenia Blvd. Suite 175 Orlando, Florida 32829	06°
			ON SEP 18 AM ST
			
	_		
(Use attachment	if necessary)		
FICLE V: Effective on effective date is list r 90 days after the da	ted, the date must b	e date of filing: be specific and cannot be more than five i	, (OPTIONAL) business days prio
REQUIRED SIG	Pol	er or an authorized representative of a membe	 er.
	(In accordance with se of this document const that the facts stated I	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjur herein are true.)	ry
	Kope	vped or printed name of signee	-

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)