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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO:	Registration Se Division of Co.		-			
CHDI	FCT. Flux Pro	ductions LLC				
SUDJ	SUBJECT: (Name of Limited Liability Company)					
			1 % 10 611			
		f Organization and fee(s) are so				
Please	return all corresp	ondence concerning this matte	r to the following	ng:		
	Edward Dima	ayuga		F		
		(1	Name of Person)			
	Flux Producti	ons				
	(Firm/Company)					
	807 Acosta Street					
			(Address)			
	Jacksonville,	FL 32204				
		(City	/State and Zip Co	de)		
E 6		ing this matter places	-all:			
For Iu	riner intermation	concerning this matter, please	cair:			
Edwa	Edward Dimayuga			_) <u>383-4273</u>	elephone Number)	
	(Name of Person)		(Area Co	ode & Daytime To	elephone Number)	
Enclo	sed is a check fo	or the following amount:				
\$12	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Certified Co (additional cop		\$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	Registra Divisio Clifton 2661 E	Courier Address ation Section on of Corporation Building xecutive Center	ns · Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
Flux Productions LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")					
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Comp	pany is:			
Principal Office Address:	Mailing Address:				
807 Acosta Street	807 Acosta Street				
Jacksonville, FL 32204	Jacksonville, FL 32204				
(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 remarkable Edward A. Dimayuga Name	·	SECRETAR DIVISION OF			
807 Acosta Street		_ 225			
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)				
Jacksonville City, State, ar	FL 32204 S	NATIC			
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as register.	accept service of process for the above stated his certificate, I hereby accept the appointment. I further agree to comply with the provision of formance of my duties, and I am familiar with	nt as ns of all th and			

(CONTINUED)
Page 1 of 2

's Signature (REQUIRED)

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" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Edward A. Dimayuga 807 Acosta Street Jacksonville, FL 32204
MGRM	Keith A. Marks 807 Acosta Street Jacksonville, FL 32204
MGRM	Edward Thomas Hobin, Jr. 1622 Donald Street Jacksonville, FL 32205
	

(Use attachment if necessary)

REQUIRED SIGNATURE:

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.)

Edward A. Dimayuga

Typed 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)