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SECRETARY OF STATE

FALLAHASSEE, FLORID/

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COVER LETTER

TO: Registration Se Division of Co					
SUBJECT: Wideye	d Films				
	(Name of Limite	d Liability Compar	ny)		
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing			
Please return all corresp	ondence concerning this matte	er to the following:			
Stephen As					_
	(Name of Person)			
Wideyed Fi	ilms				
•	((Firm/Company)		_ •	:
2051 1st A	Avenue North			2007 SEC TALLL	_
	• •	(Address)		APR RETA THAS	7
St. Peters	burg FL 33713			1 16 SSEL	
	(City	/State and Zip Code)		لل سريد	
For further information	concerning this matter, please	call:		2: 2: STATE LORIDA	D
Stephen Ashton		at (727	895.226	6	
	of Person)			elephone Number)	
Enclosed is a check for	or the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fill Certified Copy (additional copy is		\$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	Registration of Clifton Bu 2661 Exec	of Corporation	ns .	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ompany is:
ompany is.
·
npany, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ss of the principal office of the Limited Liability Company is:
is of the principal office of the Elithed Elability Company is.
Mailing Address:
Wideyed Films, LLC
2051 1st Avenue North
St. Petersburg FL 33713
ess of the registered agent are: Name Name Name
es T
ida street address (P.O. Box NOT acceptable)
5 m √s
13712 FL , City, State, and Zip
ent and to accept service of process for the above stated limited ignated in this certificate, I hereby accept the appointment as his capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and ion as registered agent as provided for in Chapter 608, F.S

(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" = Manager	Name and Address:		
"MGRM" = Managing Member			
MGR	Stephen Ashton		
	1624 28th Avenue S		•
	St. Petersburg FL 33712		
MGR	Andrew Lee		
	4700 10th Avenue N		
	St. Petersburg FL 33713		•
		ZOO1 SEC	•
·	<u> </u>	CF.	-
		五四日	
		SS =	
		733 7 9	m
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	 	STA:	
			•
(Use attachment if necessary)		-≯` _O	
(Ose attachment if necessary)			
ARTICLE V: Effective date, if other than	the date of filing:	(OPTIO	NATI
(If an effective date is listed, the date mu to or 90 days after the date of filing.)		`	,
REQUIRED SIGNATURE:			
Signature of a mo	ember or an authorized representative o	of a member.	

Andrew Lee

Typed or printed name of signee

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

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)