

Division of Corporations

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W7000042589

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : PATRICK VIVIES CPA, PA  
Account Number : I19990000179  
Phone : (954) 929-4475  
Fax Number : (954) 929-6221

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2007 APR 24 AM 8:25

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**CRUSHPLAY, LLC**

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4/24/2007 2:45 PAGE 001/001

Florida Dept of State

ATTN MARSHA THOMAS



April 24, 2007

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CRUSHPLAY, LLC  
531 NORTH SPOONBILL DRIVE  
SARASOTA, FL 34236

SUBJECT: CRUSHPLAY, LLC  
REF: L07000042589

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

850-205-0381

4/24/2007 9:09

PAGE 001/001

Florida Dept of State

ATTN: MARSHA THOMAS



April 24, 2007

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CRUSHPLAY, LLC  
531 NORTH SPOONBILL DRIVE  
SARASOTA, FL 34236

SUBJECT: CRUSHPLAY, LLC  
REF: L07000042589

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet:

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2007 APR 24 AM 8:25

FILED

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
CRUSHPLAY LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

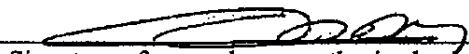
- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

THE NAME OF THE LIMITED LIABILITY COMPANY IS: CRUSHPLAY PRODUCTIONS LLC.

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: APRIL 24, 2007

  
Signature of a member or authorized representative of a member

PATRICK VIVIES

Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

2007 APR 24 AM 8:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L07000042589  
FILED 8:00 AM  
April 20, 2007  
Sec. Of State  
nculligan

**Article I**

The name of the Limited Liability Company is:

CRUSHPLAY, LLC

**Article II**

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

531 NORTH SPOONBILL DRIVE  
SARASOTA, FL. 34236

The mailing address of the Limited Liability Company is:

531 NORTH SPOONBILL DRIVE  
SARASOTA, FL. 34236

**Article III**

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

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

PATRICK VIVIES  
700 E DANIEL BEACH BLVD  
STE 202  
DANIA, FL. 33004

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.

Registered Agent Signature: PATRICK VIVIES

**Article V**

The name and address of managing members/managers are:

Title: MGR  
AUDREY MARTINEZ  
531 NORTH SPOONBILL DRIVE  
SARASOTA, FL. 34236

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FILED 8:00 AM  
April 20, 2007  
Sec. Of State  
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Signature of member or an authorized representative of a member

Signature: PATRICK VIVIES