## 107000845900

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PICK-UP WAIT MAIL
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USIC VICEPIUM STATE
DIVISION OF CORPORATIONS
TALLAMASSEE, FLORIDA

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## **COVER LETTER**

TO: Registration Solution of Co			•
SUBJECT:	EMULSION	ENTERMINM	ENT
	(Name of Limite	ed Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	submitted for filing.	
Please return all corresp	oondence concerning this matte	er to the following:	
	Raph &	. GAINES	
	· · · · · · · · · · · · · · · · · · ·	(Name of Person)	
	Emulsion	ENTERTAIN MI (Firm/Company)	ENT
<del>-,</del>			<del></del>
	4128 10	ca Daire	07   SEC ALL
<del></del>	1 - 0 70	(Address)	AHE IN
	Tall. FI	ra Daive (Address) 32303	17 MAY - 1 PH 12: 5
		y/State and Zip Code)	F (8 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
For further information	concerning this matter, please	call:	H 12: 56 F STAIL FLORIDA
·		at ()	
(Namo	e of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	or the following amount:		
ρ \$125.00 Filing Fee	ρ \$130.00 Filing Fee & Certificate of Status	ρ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	p \$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 Address Registration Section Division of Corporation Clifton Building 2661 Executive Cente	ons

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE 1 - Name:** 

The name of the Limited Liability Company is:

	-	•			
Emul	Ision ENT	ERTAINME	To LL	C	
(Must end with the words "	Limited Liability Compan	y, "Limited Compa	any" or their abbrevi	iation "LLC," or "	·L.C.,")
ARTICLE II - Add					
The mailing address	and street address of	of the principal	office of the L	imited Liabili	ity Company is
Principal Office Ad	dress:	Mail	ling Address:		
	<del></del>			11	
4128 Tara	DRIVE		Sam	<u>_</u>	
Tall, F1.32	303				
ARTICLE III - Reg (The Limited Liability Combusiness entity with an act The name and the Fl	pany cannot serve as its of tive Florida registration.)  orida street address  Ralph  4128 T  Florida  Tall	of the register  S. Ga  Name	nt. You must designed agent are:	eptable)	

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 as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

"MGR" = Manager "MGRM" = Managing Me	2
MGKM	Ralph E. Gaines
	Tall. F1. 32303
MGRM	Ricardo D. allen
	1206 W. 16th St Sanford F-1 3277-1
	071
	SSET P
	PN 12:
(Use attachment if necessa	ry)
CLE V: Effective date, if other	her than the date of filing: (OPTIONAL
effective date is listed, the	date must be specific and cannot be more than five business
o or 90 days after the date o	or tiling.)
REQUIRED SIGNATUR	RE:

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)

(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.)