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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 9, 2007

DEJEAN DESSOUS 14800 SW 296 STREET LEISURE CITY, FL 33033

SUBJECT: DEJEAN ENTERTAINMENT LLC

Ref. Number: W07000022295

We have received your document for DEJEAN ENTERTAINMENT LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on May 8, 2007. Please amend your document accordingly.

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) 245-6020.

Tammi Cline Document Specialist Letter Number: 407A00032349 FLO

COVER LETTER

TO: Registration Sc Division of Co				,
SUBJECT: DE	JEAN ENTER (Name of Limited	Airrew + LLC d Liability Company)		
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
	Desean	De 380US		,
(· · · · · · · · · · · · · · · · · · ·	value of t ersony	11 C	
	14100	textainent Firm/Company) Sw 296 S (Address)	treet	
	7-7000	(Address)		
Le	isure City	7/33033 /State and Zip Code)		
For further information	concerning this matter, please	call:		
<u>Dejean</u>	Dessous of Person)	at (<u>305</u>) <u>444</u> - (Area Code & Daytime To	elephone Number)	
Enclosed is a check for	or the following amount:		<u></u>	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	2007 MAY
	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	E.FLOR	15 PH 1: 12

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	s:
	ertainent LLC
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	14800 SW 296 Street Leisure City #1 53033
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Regustiness entity with an active Florida registration.)	ed Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
The name and the Florida street address of the	e registered agent are:
<u>DEJEAR</u>	ne Dessous
Florida street	SW 296 Street address (P.O. Box <u>NOT</u> acceptable)
LEISUKE City, State	CAPL 330 33 e, and Zip
rr t t t t t t t t t t t t t t t t t t	to recent arming of manager for the above stated limites

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) 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 "MGRM" = Managing Member	Name and Address:
MGK" - Managing Member	DEJEAN DESSOUS 1400 SID 276 STREET
"MGRM"	Elise BAZIN 14800 SW 296 STREET
"MGKH"	Merlande Montinard 14800 Sw 296 Street Lisuse City F/ 33033
"MGKM"	MYRIAM GERMAIN 14800 SW 196 STROOT Leisure City Fl 33033
(Use attachment if necessary)	1 '

ARTICLE V: Effective date, if other than the date of filing: _______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

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)

2001 MAY 15 PM 1: 12
SECRETARY OF STATE
ALLAPASSES