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DEPLOYATE OF STATE OF CORPORATION TALLAHASSEE, FLORIDA

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COVER LETTER

TO:

Registration Section

Division of Co	rporations	•	
SUBJECT:	Videas Hawto (Name of Limit	com LL ed Liability Company)	<u>C</u>
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
Dustin	Chenney	(Name of Person)	
4-34-66-66		(Firm/Company)	
,		(Trinicompany)	
3308	woodhill D	(Address)	500 0
	sec Florida	(Address)	
(allaha:	sec Florida	y/State and Zip Code)	1 X 7
	(Cit	y/state and Zip Code)	RY C
For further information	concerning this matter, please	call:	PM 12:
	,	,	OR -
(Namu	e of Person)	at ()(Area Code & Daytime	Telephone Number)
		·	
Enclosed is a check f	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)	ρ \$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 Addr Registration Section Division of Corporati Clifton Building 2661 Executive Cente	ions

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wideas Hawta . can L (Must end with the words "Limited Liability Company, "Limited	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3398 woodhill Dr. Tallahassec, Fl 32803	Same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another egistered agent are:
James Par Name	Iter PHIZ: +1
3308 woodh Florida street add	Iress (P.O. Box NOT acceptable)
Tallelacan	ネッタイプ

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)

City, State, and Zip

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Dustin Clenney 3308 woodhill Drive Tallahassee Fl 32303
MGBM	James Parker 3308 wood hill Drive Fillahassee FL 32303
MGRM	Stephen middleton 3308 uppdhill Drive Tallahassee Fl 32303
MGRM	Dewey OCCORNERS ? 3308 woodhill Drives? ? Tallahassee F1 38 303?
(Use attachment if necessary)	SSEE
LE V: Effective date, if other than the	ne date of filing: (OPTIÔN st be specific and cannot be more than five busin

REQUIRED SIGNATURE:

pature 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.)

James Parker
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)