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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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DEPARTMENT OF STATE

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## COVER LETTER

TO:

Registration Section Division of Corporations

Go - Getter Entertainment

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Firm/Company)

For further information concerning this matter, please call:

Antonio R Wilson (Name of Person)

Enclosed is a check for 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 Address

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company  Co-Getter Entertainment  (Must end with the words "Limited Liability Company,	t UC
ARTICLE II - Address:	e principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
1447 Stone Rd. Apt-797 Tallahassee FL. 32304	1447 Stone Rd. Apt. A7 Tallehussee FL. 32304
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of the	ne registered agent are:
Antonio R. W	ne registered agent are:  OTHAY 25  Imme  ACCALANASS
1447 Store RA Florida street	mpt a T
Tallahassee	t address (P.O. Box NOT acceptable)  FL 37364  ate, and Zip
•	tte, and Zip  to accept service of process for the above stated limit

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)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	MATORN K. Wilson 1447 Stone Rd. Apt A7 Tullahassec IPL 132304
MGRM	6537 Brazil Rd Jacksonvilla FL 32208
	ATT
	SS EE
(Use attachment if necessary)	ORIDA
LE V: Effective date, if other than th	e date of filing: (OPTION st be specific and cannot be more than five busings
ffective date is listed, the date mus	,
effective date is listed, the date mus	•
effective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:	ull_
effective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member (In accordance with se	per or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)