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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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DEPARTIENT OF STATE

DIVISION OF SCENE PLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Southern Entertainment, C	OT JUN-L MID: 00 TALLANDESSEE, RION
	55 E
	250
·	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Ciamatura	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
<u> </u>	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick IIn	Couries

ARTICLES OF ORGANIZATION FOR F	LORIDA LIMITED LIABILITY GOMBANY,
ARTICLE I - Name:	CALL
The name of the Limited Liability Company is	A SSE
Southern Entertainment, LLC	F. F. C. O
(Must end with the words "Limited Liability Company, "Limit	ited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	P
The mailing address and street address of the p	orincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4000 Hollywood Blvd., Suite 375-S	4000 Hollywood Blvd., Suite 375-S
Hollywood, Florida 33021	Hollywood, Florida 33021
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regions business entity with an active Florida registration.) The name and the Florida street address of the	stered Agent. You must designate an individual or another
Jerald C. Cantor	
Namo	3
4000 Hollywood Blvd.,	Suite 375-S Idress (P.O. Box NOT acceptable)
Hollywood City, State,	FL 33021
Chy, State,	and Zip

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	Name and Address:
"MGRM" = Managing Men	her
MGR	Joseph Sorrentino
	14912 Ash
	Leawood, KS 66224
•	
•	
(Use attachment if necessary	<i>r</i>)
•	
	r than the date of filing: (OPTION
	te must be specific and cannot be more than five business d
days after the date of filing	.)
REQUIRED SIGNATURE	Z•
KEOCIKED SIGNATURE	y.
	- Ca
	
Signature o	f a member or an authorized representative of a member.
	f a member or an authorized representative of a member.
(In accordar	of a member or an authorized representative of a member. Index with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury

Filing Fees:

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

Jerald C. Cantor

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

Typed or printed name of signce