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(Requesto	or's Name)
(Address)	
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/City/State	e/Zip/Phone #)
City/State	erzipirtione #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documer	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:
EFFECTIVE DATE 9/2	13/67
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08/24/07-01042-009 **160.00



COVER LETTER

Division of Corp		,	
SUBJECT: S.P.A.E).E.S. Entertainm	ent LLC	
	(Name of Limit	ed Liability Company)	
The enclosed Articles of (Organization and fee(s) are	submitted for filing.	
Please return all correspon	ndence concerning this mat	ter to the following:	
Kenneth D.	Johnson Jr., Nic	holas Kockler	
		(Name of Person)	400 8
S.P.A.D.E.	S. Entertainment	LLC	56.2
-		(Firm/Company)	
530 Reflect	tions Circle Apt.3	11	ු ි දින
<u></u> ;		(Address)	
Casselberr	y,FL 32707		デ
	(Cit	ty/State and Zip Code)	
For further information co	oncerning this matter, pleas	e cali:	
Kenneth D. Joh	nson Jr.	at 404 861-96	337
(Name o	f Person)	(Area Code & Daytime ?	Celephone Number)
Enclosed is a check for	the following amount:		
\$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)
	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 Cente Tallahassee, FL 3230	ons er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	1	
The name of the Limited Liability Company is:	0/02/07	
	EFFECTIVE DATE 5 30 0	
S.P.A.D.E.S. Entertainment LLC		
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")	
	79 E -	
ARTICLE II - Address:		ا نيد
The mailing address and street address of the pri	incipal office of the Limited Liability Company is:	j
Principal Office Address:	incipal office of the Limited Liability Company is:	
530 Reflections Circle Apt.311	530 Reflections Circle Apt.311	
Casselberry, FL 32707	Casselberry, FL 32707	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the research business of the research business entity with an active Florida registration.) Kenneth D. Johnson Name 530 Reflections Circle	ered Agent. You must designate an individual or another egistered agent are: Jr. le Apt.311	
r lorida street addi	ress (P.O. Box <u>NOT</u> acceptable)	
Casselberry,	ress (P.O. Box <u>NOT</u> acceptable) FL 32707	
	FL 32707	

(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:

	44 4 - 1	
MGRM	Kenneth D. Johnson Jr.	
	530 Reflections Circle Apt.311	
	Casselberry, FL 32707	
MGRM	Nicholas Kockler	
	1701 Lee Road Apt. M432	156 6
	Winter Park, FL 32789	***
		7 ST 15
		702 -
		•
		

ARTICLE V: Effective date, if other than the date of filing: August 23, 2007. (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.)

Kenneth D. Johnson Jr.

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)