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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: DALY	(Name of Limited Liability Company)	
The enclosed Articles of Organization	on and fee(s) are submitted for filing.	
Please return all correspondence con	ncerning this matter to the following:	
DEBORA	(Name of Person)	O7 OGT
	TUDIOS LLC (Firm/Company)	-1 P
	(Firm/Company) NEWOOD CIRCLE (Address)	OT OUT -1 PM 4: 27
	(Address) HARBOR FL (City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information concerning the	this matter, please call:	
DEBORAH D (Name of Person)	at (727) 79 (Area Code & Daytim	6-2752 e Telephone Number)
Enclosed is a check for the follow	ving amount:	
\$125.00 Filing Fee \$130.00 Certifica	Filing Fee & S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing A Registratio Division o P.O. Box	on Section Registration Section of Corporations Division of Corporations	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
DALY STUDIOS LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") 9 9 9 9 9 9 9 9 9 9 9 9 9
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Companys:
Principal Office Address: Mailing Address:
40 PINEWOOD CIRCLE SAFETY HARBOR FL 34695 HO PINEWOOD CIRCLE SAFETY HARBOR FL 34695
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) EFFECTIVE DATE
The name and the Florida street address of the registered agent are:
DEBORAH DALY
Name
40 PINEWBOD CIRCLE
Florida street address (P.O. Box NOT acceptable)
SAFETY HARROR FL 34695
City, 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 Me	ember
MGRM	DEBORAH DALY
	40 PINEWOOD CIRCLE
	SAFETY HARBOR FL
·	54695
	T 201
	- CORO
	PH PH PH
	#: AT 105
(Use attachment if necessa	iry)
ARTICLE V: Effective date, if other	her than the date of filing: 10 1 2007 (OPTIONAL)
(If an effective date is listed, the d	ate must be specific and cannot be more than five business days prior
to or 90 days after the date of filin	ıg.)
<u>REQUIRED</u> SIGNATUR	₹E:
\mathcal{D}_{c}	borne. Jales
Signature	of a member or an authorized representative of a member.
(In accord	ance with section 608.408(3), Florida Statutes, the execution cument constitutes an affirmation under the penalties of perjury
that the	facts stated herein are true.)
	DEBORAH DALY
	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)