

L07000122330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

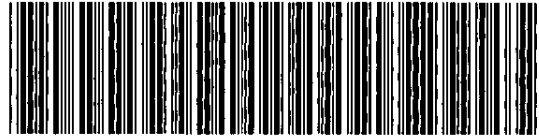
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Special Instructions to Filing Officer:

W07-53935

Office Use Only



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10/12/07--01040--004 \*\*52.50

10/31/07--01002--008 \*\*72.50

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
12/10



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 31, 2007

MCKENZIE CALIXTE  
1905 BEECHER ST.  
ORLANDO, FL 32808

SUBJECT: SWAMPHOUSE ENTERTAINMENT LLC  
Ref. Number: W07000053935

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We have received your document for SWAMPHOUSE ENTERTAINMENT LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 407A00063789

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SwampHouse Entertainment LLC  
(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:

MCKENZIE CALIXTE  
(Name of Person)

SwampHouse Entertainment  
(Firm/Company)

1905 Beecher St  
(Address)

Orlando, FL, 32808  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Wesnel JOESPH at (407) 448-9979  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SwampHouse Entertainment LLC  
(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 Company is:

**Principal Office Address:**

1905 BEECHER ST  
ORLANDO FL 32808

**Mailing Address:**

1905 BEECHER ST  
ORLANDO FL 32808

**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.)

The name and the Florida street address of the registered agent are:


MCKENZIE CALUTE  
Name

1905 BEECHER ST  
Florida street address (P.O. Box **NOT** acceptable)  
ORLANDO FL 32808  
City, State, and Zip

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*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)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Wesnel JOESPH  
7355 HarborShankle  
Orlando FL 32818

MGRM

John McCullough Jr  
5347 Falling Waters Dr  
Orlando FL 32818

MGRM

Demetrius JOESPH  
5347 Falling Waters Dr  
Orlando FL 32818

MGRM

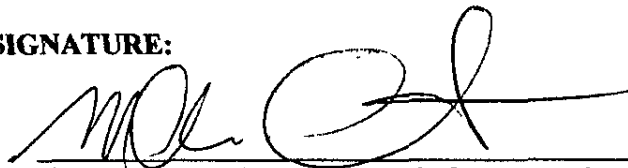
Kennel PIERRE  
1905 Beecher St  
Orlando, FL 32808

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

MCKENZIE CALIXTE

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)**

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TALLAHASSEE, FLORIDA