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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

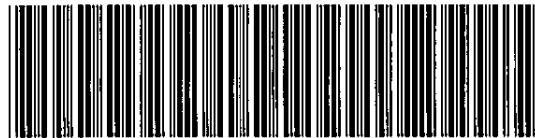
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TALLAHASSEE, FLORIDA

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LAW OFFICES OF KEITH A. SELDIN
PROFESSIONAL ASSOCIATION

KEITH A. SELDIN *

*Florida Supreme Court
Certified Civil Mediator

MAPLEWOOD PROFESSIONAL CENTER
1934 COMMERCE LANE, SUITE 2
JUPITER, FLORIDA 33458

E-MAIL: kseldin@bellsouth.net

Phone (561) 747-3000
Fax (561) 747-3040

January 8, 2008

Florida Department of State
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

Re: **THE UNEXPECTED THEATRE EXPERIENCE, L.L.C.**

Dear Sir or Madam:

Enclosed please find an original and one (1) copy of the Articles of Organization of **THE UNEXPECTED THEATRE EXPERIENCE, L.L.C.**, a Florida Limited Liability Company.

Upon your receipt of the enclosed Articles of Organization, I would request that you kindly file said Articles and form a Florida Limited Liability Company in the name of **THE UNEXPECTED THEATRE EXPERIENCE, L.L.C.**, and return a certified copy of the filed Articles of Organization to the undersigned at the above address indicated.

I am also enclosing my check, dated January 8, 2008, in the total amount of \$122.50, made payable to the Florida Department of State, representing your filing fees.

Should you have any questions concerning any of the enclosed, or require any further information or documentation, please do not hesitate to contact me.

Thank you for kind consideration of the above and enclosed.

Sincerely,

Keith A. Seldin

KAS/fc
Enclosures

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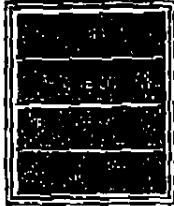
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ANCHOR COMMERCIAL BANK

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Page 1 of 1

(550) 245-6030
Gretchen

Web Client-NetImage Anchor Commercial Bank



Account Number	[REDACTED]	Tracer Number	[REDACTED]
Amount	122.50	Account Type	Demand Deposit
Posting Date	01/14/2008	Item Type	Debit
Check Number	2005	Item Status	Posted
TranCode	0	Archived	
Routing Number	[REDACTED]		

View Front View Back View Front AND Back

Rebuild Transaction Previous SEQ Next SEQ

LAW OFFICES OF KEITH A. SELDIN PA KOTA TRUST ACCOUNT 1004 COMMERCIAL LANE, SUITE 2 JUPITER, FL 33408 PH: 561-777-3200		2005 DATE 1/8/08
PAY TO THE ORDER OF <u>Florida Department of State</u>		\$ 122.50
<u>One hundred twenty two + 50/100</u>		DOLLARS
FOR <u>The United States District Court</u>		
[REDACTED]		

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**ARTICLES OF ORGANIZATION OF
THE UNEXPECTED THEATRE EXPERIENCE, L.L.C.
A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The name of the Limited Liability Company shall be:
THE UNEXPECTED THEATRE EXPERIENCE, L.L.C.

ARTICLE II – Period of Duration:

The period of duration of this Limited Liability Company shall be perpetual.

ARTICLE III – Address:

The mailing address and the street address of the principal office of the Limited Liability Company is: 1934 Commerce Lane, Suite 2, Jupiter, FL 33458

ARTICLE IV – Registered Agent, Registered Office and Registered Agent's Signature:

The name and Florida street address of the Limited Liability Company's registered agent is:

Keith A. Seldin, Esq.
1934 Commerce Lane, Suite 2
Jupiter, Florida 33458

Having been named a registered agent to accept service of process for the above stated Limited Liability Company at the place designated in this certificate, I hereby accept 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.

Keith A. Seldin, Registered Agent

ARTICLE V – Management:

The Limited Liability Company shall be managed by one or more managers and is, therefore, a manager – managed company.

The names and addresses of the initial managers who shall serve until the first annual meeting of members, or until their successors are elected and qualify, are as follows:

1) John Carlile
1934 Commerce Lane, Suite 2
Jupiter, FL 33458

2) Rae Randall
1934 Commerce Lane, Suite 2
Jupiter, FL 33458

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TALLAHASSEE, FLORIDA

Article VI – Initial Members:

This Limited Liability Company shall initially have at least two (2) members. The names, addresses, the amount of cash contributions, a description and agreed value of the property other than cash contributed by the members, and the amount anticipated to be contributed by the members, is as follows:

1. John Carlile
1934 Commerce Lane, Suite 2
Jupiter, FL 33458

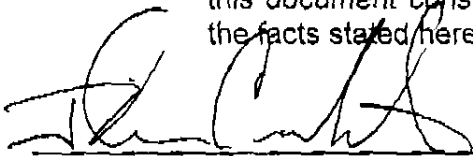
Initial Contribution (Cash and Services): \$500.00

2. Rae Randall
1934 Commerce Lane, Suite 2
Jupiter, FL 33458

Initial Contribution (Cash and Services): \$500.00

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(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.)



Signature of a member or an authorized representative of a member.

JOHN CARLILE

Typed or printed name of Signee




Signature of a member or an authorized representative of a member.


RAE RANDALL

Typed or printed name of Signee

STATE OF FLORIDA)
COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 8th day of January, 2008, by JOHN CARLILE and RAE RANDALL, who provided Drivers Licenses as identification and who did take an oath.



Notary Public – State of Florida
My commission expires: APR. 22, 2011
 NOTARY PUBLIC-STATE OF FLORIDA
Frances Constantino
Commission #DD665846
Expires: APR. 22, 2011
BONDED THRU ATLANTIC BONDING CO., INC.