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SECRETARY OF STATE

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Aace En	tertainment, d Liability Company)	L.L.C.
	(Ivalie of Linke	d Liability Company)	
The enclosed Articles of C	Organization and fee(s) are s	ubmitted for filing.	
Please return all correspor	ndence concerning this matte	er to the following:	
De,	nnis J. Bes	sey	
_	(Name of Person)	
Den	nis J. Bes.	sey, Esq.	
	Dennis J. Bessey, Esq. (Firm/Company)		
1920	Virginia	Avenue, Sui	te 102
FOR	- Myers,	FL. 3390/	
(City/State and Zip Code)			
For further information co	ncerning this matter, please	call:	•
-		at (1-877) 362 - 3 (Area Code & Daytime Tele	phone 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	Street/Courier Address	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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:	
Hace Enterfainment, LCC (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: Mailing Address:	
15640 Crystal Lake Drive Knme North Fort Myers, FL.	· (CD
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.)	SECRETA IVISION OF
The name and the Florida street address of the registered agent are: Dennis J. Gessey Name 1800 Virginia Avene Suite 102 Florida street address (P.O. Box NOT acceptable) Furt Myer FL 3390 City, State, and Zip	RY OF STATE CORPORATION
Having been named as registered agent and to accept service of process for the above stated limit 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 statutes relating to the proper and complete performance of my duttes, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S Registered Agent's Signature (REQUIRED)	all a

(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:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	PATRICK Stratoti 15640 Crystal Lake Drive North Fort Myers, FL 33917
	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the if an effective date is listed, the date must be or 90 days after the date of filing.)	date of filing: 3-3/-08 (OPTIONAL) e specific and cannot be more than five business days pri
REQUIRED SIGNATURE:	J Dlad
(In accordance with sec of this document consti that the facts stated h	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury terein are true.) Strutti ped 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)