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## BEUSSE WOLTER SANKS MORA & MAIRE, P.A.

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Writer's Direct Dial/Email (407) 926-7716 Aneilson@iplawfl.com

July 3, 2008

Via Express Mail
Registration Section
Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, Fl 32314

Attention: LLC Filings Officee Subject: Hood Legend Films, LLC

Dear Sir/Madam:

I enclose an original and one copy of the proposed Articles of Organization of Hood Legend Films, LLC, a proposed domestic limited liability company. Please file the Articles of Organization and use the enclosed, prepaid, self addressed Express Mail envelope and label to return the one copy stamped with the filing date. Please also provide a certificate of status.

Enclosed find a check in the amount of \$130.00 made payable to the Florida Department of State, for total filing and processing fees. The check covers the cost of the following: Filing Fee for Articles of Organization and Designation of Registered Agent: \$125.00 Certificate of Status: \$5.00

Amber L Neilson, Esq.

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Hood Legend Films, 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:
Amber Neilson (Name of Person)
(Name of Person)
Beusse Wolfer Sanks Mora & Maire, P.A.
(Finis Company)
390 N. orange Ave., Suite 2500
Orlando, PL 32801 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
<b>1</b>
(Name of Person) at (407) 926-7700 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\begin{array}{c} \$\$130.00 Filing Fee & \$\text{ \$\$}\$\$ \$\$155.00 Filing Fee & \$\text{ \$\$}\$\$ \$\$Certificate of Status & Certified Copy (additional copy is enclosed)} \end{array}\$
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street/Courler Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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BEORETAKE OF STATE
ALLAHASSEE FLURIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Hood Legend Films, 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:  Mailing Address:
1202 W. Certral Blrd. 830 West Forrest Brox Room Suite D. Maitland, FL 3275/
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:
Billy Hogan
1202 West Central BIVO, Suite D
Florida street address (P.O. Box <u>NOT</u> acceptable)
OYlando, FL 32805 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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:
MERM	Billy Hogan 830 West Forrest Brook R. Maitland, FL 32761
(Use attachment if necessary)	
CLE V: Effective date, if other the fective date is listed, the date days after the date of filing.)	han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days p
LE V: Effective date, if other t	han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days p
CLE V: Effective date, if other to the date is listed, the date is days after the date of filing.)  REQUIRED SIGNATURE:	han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days p
CLE V: Effective date, if other to a ffective date is listed, the date of days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a coordance of this docume	must be specific and cannot be more than five business days p

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ .5.00 Certificate of Status (Optional)