## L0800009/658

•				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL	,			
(Business Entity Name)	_			
(Document Number)				
Certified Copies Certificates of Status	_			
Special Instructions to Filing Officer:				
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Office Use Only



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## COVER LETTER

TO: Registration Section Division of Corpor			•			
SUBJECT: Conscio	(Name of Limite	d Liability Company)				
The enclosed Articles of Org	anization and fee(s) are s	ubmitted for filing.				
Please return all corresponde	nce concerning this matte	er to the following:				
	Matthew	Name of Person)				
	Conscious	Enfertainhent Firm/Company)				
330 NW 195 Terrace (Address)						
Mignil Gardens/FL. 38169 (City/State and Zip Code)						
For further information concerning this matter, please call:						
Dave + Dick (Name of Pe	rson)	at (954) 649-6 (Area Code & Daytime Tele	phone Number)			
Enclosed is a check for the	following amount:					
□\$125.00 Filing Fee □\$ C	130.00 Filing Fee & [ ertificate 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)			
Re Di P.0	gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301				



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 16, 2008

MATTHEW MCCULLOUGH 330 NW 195 TERRACE MIAMI GARDENS, FL 3316

SUBJECT: CONSCIOUS ENTERTAINMENT LTD.

Ref. Number: W08000042986

We have received your document for CONSCIOUS ENTERTAINMENT LTD., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$125.00.

Effective July 1, 2007, the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

The registered agent must sign accepting the designation.

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) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 008A00050360

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principle.	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
330 NW 195 Terrace Miami Gardena, Fl. 38169	330 NW 195 Terrace Minni Gardens, FL, 33169
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ad Agent. You must designate an individual or harder  Agent. You must designate an individual or harder and you must designate an individual or harder and you must designate and you must design des design design design design design des design design design des design design design des design design design des design des design des design design des design des design des design des des
The name and the Florida street address of the reg	istered agent are:  ASSET P
	SS (P.O. Box NOT acceptable)
Miami Gardens I City, State, and	FL 33/69 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

The name and address of each Manage	er or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
'MER'	Matthew Mcallorgh 330 NW 195 Terrace Mami Gardens, Fl. 33169
"MCRM"	Admenne McCollough 300 Palm Circle East Dendrote Pines, FL, 33025
"MGRM"	Markus Vincent 330 NW 195 Terrace Mami Gardens, FL. 33169
"MERM"	Jayden McCallough 330 NW 195 Terrace Miami Gardens, FL- 37169
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the c (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: 69/23/08. (OPTIONAL) especific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
(In accordance with sect	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury erein are true.)
Filing Fees:	. / m < "
\$125.00 Filing Fee for Articles of Organ	nization and Designation

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

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