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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
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(Document Number)	
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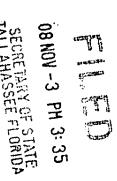




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COVER LETTER

TO: Registration Section . • Division of Corporations		
SUBJECT: Southern Way Entertaintment 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:		
Caron Ian Daniels		
Caron Ian Daniels (Name of Person) Southern Way Entertainment LLC. (Firm/Company)		
36725 Southern Way		
Dade City FL. 33523 (City/State and/Zip Code)		
For further information concerning this matter, please call:		
(Name of Person) aniels at (352) 583 - 2438 (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 \$\times \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)		
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
Southern Way Enter (Must end with the words "Limited Liability	v tainment LLC.	
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
36725 Southern Way Dade City. Fl 33523	36725 Southern Way Dade City FL 33523	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another	
The name and the Florida street address of the reg	gistered agent are:	
<u> (aron Ian</u>	Daniels Jay SSEE F.O. Box NOT acceptable) Land SSEE F.O. Box NOT acceptable)	
Name	SSER C	
Florida street address (P.O. Box NOT acceptable)		
Dade City FL 33523 City, State and Zip		
City, State an	d Zip	
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete perj	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S	

(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:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
,	1 - > /
MGR	Cavon Lan Daniels
	Dada City 5, 33603
	There chig FL 33325
	- W44
	And the second s
(Use attachment if necessary)	
	in Incl. co
ARTICLE V: Effective date, if other than the d	late of filing: $10/25/08$ (OPTIONAL)
(If an effective date is listed, the date must be to or 90 days after the date of filing.)	specific and cannot be more than five business days prior
to or you days after the date or ming.	TAIS 08
	TO B
REQUIRED SIGNATURE:	SECRE IN AND -3
	// //
_ (Clar	- d. lanely = = =
Signature of a member	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution
(In accordance with sect of this document constitu that the facts stated he	utes an affirmation under the penalties of perjury
mai the lackstated he	r Ian Daniels
Typ	ed 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)