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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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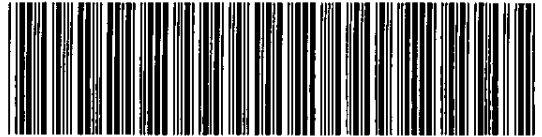
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T. CLINE

NOV 25 2008

EXAMINER

Robert C. Nettleton

Attorney at Law

(863) 422-6484

Fax (863) 421-9618

30 North Sixth Street

Post Office Box 277

Haines City, Florida 33845-0277

November 19, 2008

Registration Section

Division of Corporations

P. O. Box 6327

Tallahassee, Florida 32314

Re: Limited Liability Company
Hoyt Hughes Entertainment, LLC

Dear Sir:

Enclosed, please find Articles of Organization For Florida Limited Liability Company in the above regard.

Also enclosed is my trust account check #2752 in the amount of \$160.00 representing the filing fee, and Certified Copy.

Very truly yours,



Robert C. Nettleton

RCN/jn

Enclosures

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOYT HUGHES ENTERTAINMENT, 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:

Robert C. Nettleton

(Name of Person)

Attorney At Law

(Firm/Company)

P.O. BOX 277

(Address)

HAINES CITY, FLORIDA 33845

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert C. Nettleton

(Name of Person)

at (863) 422-6484

(Area Code & Daytime Telephone 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

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HOYT HUGHES ENTERTAINMENT, 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:

1093 SHADY COVE ROAD EAST

HAINES CITY, FLORIDA 33844

Mailing Address:

P.O. BOX 2809

HAINES CITY, FLORIDA 33845

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:

KATRINKA LYNNE STEELE

Name

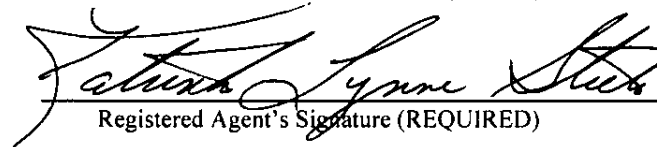
1093 SHADY COVE ROAD EAST

Florida street address (P.O. Box **NOT** acceptable)

HAINES CITY, FLORIDA 33844

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)

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TALLAHASSEE, FLORIDA

(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

"MGRM" = Managing Member

Name and Address:

MGRM

KATRINKA LYNNE STEELE

P.O. BOX 2809

HAINES CITY, FLORIDA 33845

MGRM

WILLIAM FRED REWIS

67 PERCH STREET

HAINES CITY, FLORIDA 33844

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


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

(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.)

KATRINKA LYNNE STEELE

Typed 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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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