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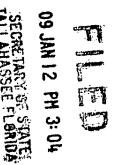
(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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COVER LETTER

Registration Section

TO:

Division of Corporations
SUBJECT: CHAY ENTERTAINMENT
(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:
SHAUNTE FULCHER
(Name of Person)
CHAY ENTERTAINMENT LLC.
(Firm/Company)
183 NW 54TH STREET
(Address)
MIAMI, FLORIDA 33127
(City/State and Zip Code)
For further information concerning this matter, please call:
SHAUNTE' FULCHERat (305) 761-6655
(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}\$\$ Certified Copy (additional copy is enclosed) \$\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 Circle Tallahassee, FL 32301



November 21, 2008

SHAUNTE FULCHER 183 NW 54TH STREET MIAMI, FL 33127

SUBJECT: CHAY ENTERTAINMENT LLC

Ref. Number: W08000052809

We have received your document for CHAY ENTERTAINMENT LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

The effective date is not acceptable since it is not within five working days of the date of receipt.

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: 208A00058114

COVER LETTER

	10:	Division of C								
,	∴. SUBJ	ECT: CHAY	'ENTERTAINMEI	NT						
			(Name of Limi	ted Liability Company)						
	The er	nclosed Articles o	of Organization and fee(s) are	submitted for filing.						
	Please	return all corres	pondence concerning this mat	tter to the following:						
	SHAUNTE FULCHER									
	0	ПО A		(Name of Person)						
	8	Ø Y EN	ITERTAINMENT L		·					
RECEIVED	X	 EE-2		(Firm/Company)						
C		12869 NW 5	54TH STREET	(Address)						
ж Ш	009 JA									
	8	in Sinit	LORIDA 33127	ty/State and Zip Code)						
	E (;						
	For further information concerning this matter, please call:									
	SHA	AUNTE' FL	JL'CHER e of Person)	_at (305) 761-665						
		(14atti	e of reison)	(Area Code & Daytime Tele	phone Number)					
_	Enclo	sed is a check f	or the following amount:		•					
	□\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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 C Tallahassee, FL 32301						

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	T	I	C	L	Ε	I	-	N	a	m	e	
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The name of the Limited Liability Company is:

CHAY 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:	Mailing Address:		
183 NW 54TH STREET	P.O. BOX 681093		
MIAMI, FLORIDA 33127	MIAMI, FLORIDA 33168		

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:

Shaunte Full der Name 183 NW 54th Street Florida street address (P.O. Box NOT acceptable)

MIAMI, FLORIDA 33/27
City, State, and Zip

Having been named us 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..

(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			
	MGR	SHAUNTE' FULCHER		
		P.O. BOX 681093	*****	
		MIAMI, FLORIDA 33168		
	- Andrews - Andr			
				
	(Use attachment if necessary)			
LIDT	ICLE V: Effective date, if other than the	a data of filing:)PTIONAL)	
[li:a	n effective date is listed, the date must b	be specific and cannot be more than five bus	iness days) prior
o or	90 days after the date of filing.)			
	NEGYINED OLONGERVING			
	REQUIRED SIGNATURE:		Zo 9	•
			AL CONTRACTOR	11
	Signature of a memb	er or an authorized representative of a member.	N N N N N N N N N N N N N N N N N N N	descrip-
	(In accordance with see of this document cons that the facts stated	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)		
	SHAUNTE' F	ULCHER	STATE	
	T	yped or printed name of signee	S	•

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)