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Division of Corporations CORPORATION
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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LEGALZOOM.COM INC.
Account Number : 120010000062
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2009 JAN 16 AM 8:32
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CLASSIFIED FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Klass-Sick Studios LLC

Certificate of Status	1
Certified Copy	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Klass-Sick Studios LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1255 Belle Avenue Suite 188
Winter Springs, FL 32708

Mailing Address:

1255 Belle Avenue Suite 188
Winter Springs, FL 32708

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

United States Corporation Agents, Inc.
Name

13302 Winding Oaks Blvd., Suite A-100
Florida street address (P.O. Box **NOT** acceptable)

Tampa FL 33612
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.

Karmelia Fredrick, US Corp. Agents
Registered Agent's Signature

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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

Alexandra Isobe
1255 Belle Avenue Suite 186
Winter Springs, FL 32708

MGRM

Brian Hutcheson
1255 Belle Avenue Suite 186
Winter Springs, FL 32708

MGRM

Xavier Berry
1255 Belle Avenue Suite 186
Winter Springs, FL 32708

MGRM

Yoshiya Morita
1255 Belle Avenue Suite 186
Winter Springs, FL 32708

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

Karmelia Fredrick, Legalzoom.com, Inc.
Typed or printed name of signer

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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**Attachment to
Articles of Organization of
Klass-Sick Studios LLC**

Additional member are:

Name of Member
Adam Russell Gravett
Ian Tucker Carr
Josh Jacobson

Address
1255 Belle Avenue Ste., 186, Winter Springs, FL 32708
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