

**L09 000035307**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2009 APR 10 AM 10:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**T. CLINE**  
APR 13 2009  
**EXAMINER**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Untame Entertainment L.L.C.  
(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:

Corey L. Coleman  
(Name of Person)

Untame Entertainment L.L.C.  
(Firm/Company)

6258 Springforest Circle  
(Address)

Jacksonville, Florida 32216  
(City/State and Zip Code)

For further information concerning this matter, please call:

Shawn R. Hadley at 904 254-9811  
(Name of Person) (Area Code & Daytime Telephone Number)

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**TALLAHASSEE, FLORIDA**

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Untame Entertainment L.L.C.

(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:

Corey L. Coleman  
6258 Spring Forest Circle  
Jacksonville, Florida 32216

### Mailing Address:

SAME

## 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:

Shawn R. Hadley  
Name

2100 Stevens St.  
Florida street address (P.O. Box **NOT** acceptable)  
Jacksonville FL 32207  
City, State, and Zip

Having been named as registered agent and to accept service of process for the above named 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.

Shawn R. Hadley  
Registered Agent's Signature (REQUIRED)

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(CONTINUED)

**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

Corey Coleman  
6258 Springforest Circle  
Jacksonville, FL 32216

MGRM

Christopher Rivers  
7370 Paprika Court  
Jacksonville, FL 32244

MGRM

Shawn Hadley  
2100 Stevens St.  
Jacksonville, FL 32207

MGRM

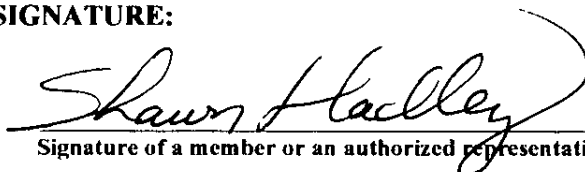
DAVID Lewis  
2353 Scanlon Drive  
Jacksonville, FL 32210

(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.)

Shawn Hadley  
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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Article IV Attachment

MGRM - Eric D. Lewis

7326 Strato Road

Jacksonville, FL 32210

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