## LOADODSTHO

(Requestor's N	lame)
(Address)	
(Address)	
(City/State/Zip.	(Phone #)
PICK-UP WA	MAIL
(Business Enti	ty Name)
(Document Nu	mber)
Certified Copies Certi	ficates of Status
Special Instructions to Filing Office	er:

L. SELLERS

APR 20 2009

**EXAMINER** 

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SECRETARY OF STATE
TAIL AHASSEE FLORIDA

FILEU

## COVER LETTER " \*

TO: Registration S Division of Co			
SUBJECT: Bobalo	oo Films, LLC.		
SUBJECT:	(Name of Limite	d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
	ondence concerning this matte	_	
·	-	C	
Kurt deVri		Name of Person)	
		rang of Factory	
Bobaloo F			
	•	(Firm/Company)	
13191 Sta	irkey Rd., Ste. 6		
		(Address)	
Largo, FL	33773		
<u></u>		/State and Zip Code)	
For further information	concerning this matter, please	call:	
Kurt deVries		727 \ 251-8658	3
	of Person)	at ( 727 ) 251-8658 (Area Code & Daytime Telep	phone Number)
Enclosed is a check for	or the following amount:		
	\$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	ircle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Bobaloo Films, LLC				
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
The mailing address and street address of the pri	incipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
13191 Starkey Rd., Ste. 6	Same as principal address			
Largo, FL 33773				
business entity with an active Florida registration.)  The name and the Florida street address of the re  Eva deVries	egistered agent are:			
Name				
13191 Starkey Rd., S	Ste. 6			
Florida street add	ress (P.O. Box NOT acceptable)			
Largo, FL 33773 City, State, a	FL nd Zip			
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of alignments of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S			

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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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	Name and Address:
"MGRM" = Managing Mem	ber
MGR	Kurt deVries
	13191 Starkey Rd., Ste. 6
	Largo, FL 33773
MGRM	Eva deVries
	13191 Starkey Rd., Ste. 6
	Largo, FL 33773
<del></del>	
(Use attachment if necessary	1
(Ose attachment if necessary	,
CLE V: Effective date, if other	than the date of filing: MAy 1, 2009 . (OPTIONA
	e must be specific and cannot be more than five business day
effective date is listed, the date	·
effective date is listed, the date 0 days after the date of filing.	)
	)
0 days after the date of filing.	
0 days after the date of filing.	
0 days after the date of filing.	
0 days after the date of filing.  REQUIRED SIGNATURE	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee