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SECRETARY OF STATE
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T. CLINE

JUN - 2 2009

EXAMINER

COVER LETTER

TO:	Registration Division of C			
SUBJE	ECT:	Wi	tSoft Studios LLC	
		Name of Limi	ted Liability Company	
The en	closed Articles	of Organization and fee(s) are	submitted for filing.	
Please	return all corres	pondence concerning this ma	tter to the following:	
		F	elicity A Martin	
			Name of Person	
		Wit	Soft Studios LLC	
			Firm/Company	
1020 19th Ave N		19th Ave N Unit 1	7AS 20	
			Address	B JI
	St. Petersburg Florida 33704			HAS
			ity/State and Zip Code	- P
•		felic E-mail address: (to be used	cityam@gmail.com for future annual report notification)	
For fur	ther information	concerning this matter, pleas	se call:	SECRETARY OF STATE ALLAHASSEE, FLORIDA
		city Martin	at (727) 4 Area Code & Daytime Tele	30-1738 phone Number
Encios	sed is a check f	or the following amount:		
] \$125.	5.00 Filing Fee \$\times 130.00 Filing Fee \$\times\$ 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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	y is:	
WitSoft St	tudios LLC	
	Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited L	iability Company is:
Principal Office Address:	Mailing Address:	
1020 19th Ave N Unit 1 Unit 1	1020 19th Ave N Unit 1	ZOOS JUN -1 SECRETAR TALL AHASS
St. Petersburg FL 33704	St. Petersburg FL 33704	Z
ARTICLE III - Registered Agent, Regist The Limited Liability Company cannot serve as its own leads business entity with an active Florida registration.) The name and the Florida street address of the service of the s	the registered agent are:	JUN -1 PM 1: 16 CRETARYUPE: Vidual of Amother Vi
Felicit	ty A Martin	
N	lame	
1020 19th	n Ave N Unit 1	
Florida street address	(P.O. Box NOT acceptable)	
St. Petersburg FL 33	3704 _{FI}	
	ate, and Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as	l in this certificate, I hereby accept to pacity. I further agree to comply wit te performance of my duties, and I a	the appointment as h the provisions of all im familiar with and

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing N	Name and Address: Member
MGRM	Felicity A Martin 1020 19th Ave N. Unit 1 St. Petersburg FL 33704
MGRM	Johnathan E Witte 1020 19th Ave N. Unit 1 St. Petersburg FL 33704
MGRM	Andrew D Witte 1020 19th Ave N, Unit 1 St. Petersburg FL 33704
MGRM	Philip J Witte 1020 19th Ave N, Unit 1
(Use attachment if neces	Sirretersoury (II. 35709
(If an effective date is listed, the to or 90 days after the date of fil	ther than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days prior ing.)
<u>REQUIRED</u> SIGNATU	IRE:
(In acco	re of a member or an authorized representative of a member. rdance with section 608.408(3), Florida Statutes, the execution document constitutes an affirmation under the penalties of perjury facts stated herein are true.)
	Felicity A Martin
Filing Fees:	Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)