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Effective Date 11/22/09

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09 NOV 30 PM 2: 57

J. BRYAN

DEC -1 2009

EXAMINER

COVER LETTER

TO:	Registration Division of C				
SUBJI	ECT:	Tereas Ca	rter Entertainment,	LLC	
		Name of Limite	ed Liability Company		
The en	nclosed Articles	of Organization and fec(s) are:	submitted for filing.		
Please	return all corres	spondence concerning this matt	er to the following:		
		Т	ereas Carter		09 NOV 30 PM 2: 57
			Name of Person		CATA S
		Tereas Car	ter Entertainment, LLC		SS
			Firm/Company		전의 교
		5115 N. Sc	ocrum Loop Road #63		5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5
			Address		DE -
		Lakeland	FL	33809	
		City	y/State and Zip Code		_
		E-mail address: (to be used f	or future annual report notification	on)	
For fur	rther information	n concerning this matter, please	call:		
	Ter	eas Carter	at (863)	513-0818	
		e of Person	Area Code & Daytime		er
Enclos	sed is a check t	for the following amount:			
_		\$130.00 Filing Fee &	\$155.00 Filing Fee &	[filing Fee,
	.00 i ming i CC	Certificate of Status	Certified Copy		e of Status &
		·	(additional copy is enclosed	Certified (additional	Copy copy is enclosed)
		Mailing Address	Street/Courier Add	ress	
		Registration Section Division of Corporations	Registration Section Division of Corpora	tions	
		P.O. Box 6327	Clifton Building		
		Tallahassee, FL 32314	2661 Executive Cen	ter Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	99 NOV.
Tereas Carter Enterta	
(Must end with the words "Limited Liabilit	y Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	95
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5115 N. Socrum Loop Road #63 Lakeland FL 33809	5115 N. Socrum Loop Road #63 Lakeland FL 33809
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the re	red Agent. You must designate an individual or another Effective Date 112209
Tereas Ca	arter
Name	
5115 N. Socrum Lo	oon Road #63
Florida street address (P.O. I	
Lakeland FL 33809	FI
City, State, and	
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept 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 all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S.

(CONTINUED)

Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
President	Tereas Carter 5115 N. Socrum Loop Road #63 Lakeland FI 33809
(Use attachment if necessary)	November 22, 2009 (OPTIONAL)
LE V: Effective date, if other than the	ne date of filing: (OPTIONAL)
days after the date of filing.)	he date of filing: November 22, 2009 (OPTIONAL) be specific and cannot be more than five business days p
fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business days particles of a member.
fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with	be specific and cannot be more than five business days public or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury herein are true.)
fective date is listed, the date must days after the date of filing.) REOUIRED SIGNATURE: Signature of a mem (In accordance with of this document co that the facts stated)	be specific and cannot be more than five business days there or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury

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