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SECRETARY OF STATE

J. BRYAN

DEC 24 2009

EXAMINER

COVER LETTER

CLIP LP CW	ш	Dna Studio LLC.	
SUBJECT:		ted Liability Company	
The enclosed Articl	es of Organization and fee(s) are	submitted for filing.	-
Please return all cor	respondence concerning this mat	tter to the following:	OS DEC 23 AM 11: 16 SECRETARY OF STATE ALLAHASSEE. FLORIC
		Ryan Drake	AST AS
		Name of Person	SEC P
		HDna Studio	PF ST
		Firm/Company	RIO 6
	524	0 Flintwood Cir.	
		Address	
	Pen	sacola, FL 32504	
-		ty/State and Zip Code	
	rvan	@hdnastudio.com	
	E-mail address: (to be used	for future annual report notification)
For further informat	ion concerning this matter, pleas	e call:	
F	Ryan Drake	at (850)	449-1996
Na	ime of Person	Area Code & Daytime T	
Enclosed is a chec	k for the following amount:		
_	ee \$\sqrt{\$130.00}\$ Filing Fee & 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 Addre Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Comp	9 DEC 23 SECRETAR	
	Studio LLC.	23 H
(Must end with the words "Limit	ted Liability Company," "L.L.C.," or "LLC.")	FS
ARTICLE II - Address: The mailing address and street address o	f the principal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	
5240 Flintwood Cir. Pensacola, FL 32504	5240 Flintwood Cir. Pensacola, Fl. 32504	
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)	sistered Office, & Registered Agent's wn Registered Agent, You must designate an individ	Signature: dual or another
The name and the Florida street address	of the registered agent are:	
F	Ryan Drake	
	Name	
5240	Flintwood Cir.	
Florida street addre	ess (P.O. Box NOT acceptable)	
Pensacola	_{FL} 32504	
City	, State, and Zip	
Having been named as registered agent	and to accept service of process for the c	above stated limited

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..

Registered Agent's Signature (REQUIRED)

(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:

"MGR" = Manag	oer	Name and Address:	
"MGRM" = Mar			TAL SE
MGRM		Ryan Drake	LARE PRO
	_	5240 Flintwood Cir.	15 N
		Pensacola, FL 32504	<u> </u>
MCDM		·	AHII:
MGRM	<u></u>	James Harrison Holzhauer	
		7360 Brewster St. Navarre, FL 32566	- 3 -
		Navalle, FL 32300	
			
			
(Use attachment	if necessary)		
	• /		(OPTIONAL)
CLE V: Effective	date, if other than th	e date of filing:	(OPTIONAL)
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CLE V: Effective of the control of t	date, if other than the ted, the date must leate of filing.) GNATURE: Signature of a memb (In accordance with see of this document contract that the facts stated here.)	per an authorized representative of a mem ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perein are true.)	e business days

of Registered Agent

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