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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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2010 MAR 1 1 PH E: 39
SECRETARY OF STATE
AND AHASSEE, FLORIDA

T. CLINE

MAR 1 2 2010

**EXAMINER** 

## **COVER LETTER**

TO:

TO:	Registration Division of C				
SUBJ	FCT•	FLYGHT SK	OOL ENTERT	AINMENT	
SUDJ	EC1		d Liability Company		
The en	closed Articles	of Organization and fee(s) are so	ubmitted for filing.		
Please	return all corres	pondence concerning this matte	r to the following:		
		HAR	RY SANDERS		
		<del></del>	Name of Person		
			Firm/Company		
		4005 11114 05		<b>T</b> 040	ZOIO MAR II PHE: SECRETARY OF STALLAHASSEE FLO
		1205 N.W. 3F	RD AVENUE, AP	1. 212	子等
			1 touress		TAR ASS
			EACH, FLORIDA	X 33060	mo 70
		City	State and Zip Code		FLOST
		Tripp_2  E-mail address: (to be used fo	006@hotmail.co	m	- PA 39
For fu	ther information	concerning this matter, please	•	mount	<b>≫</b>
	HARR	Y SANDERS	at (954)	213-332	
	Name	e of Person	Area Code & D	aytime Telephone Nun	nber
Enclo:	sed is a check f	or the following amount:			
<b>]</b> \$125.	.00 Filing Fec	\$130.00 Filing Fee & [ Certificate of Status	\$155.00 Filing Fe Certified Copy (additional copy is en	Certific nclosed) Certific	O Filing Fee, cate of Status & ed Copy nal copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courie Registration So Division of Co Clifton Buildi 2661 Executiv Tallahassee, F	ection orporations ing ve Center Circle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Lin	nited Liability Company	is:		
		ERTAINMENT, LLC. iability Company," "L.L.C.," or "LLC.	")	
ARTICLE II - Add The mailing address		e principal office of the Limit	ed Liability Compar	ıy is:
Principal Office Ac	ldress:	Mailing Address:		
1412 West 7 Street Sanford, Florida 32771		1205 N.W. 3rd Avenu Apt. 212	<u>e</u>	
		Pompano Beach, Flor	rida 75 2010	
ARTICLE III - Reg (The Limited Liability Corbusiness entity with an action The name and the Fl	orida street address of th	red Office, & Registered Agesistered Agesistered Agent. You must designate and the registered agent are:  SANDERS	PH STA	
-	Na	<del></del>	SE 39	
	1205 N.W. 3rd A	VENUE, APT. 212		
_	Florida street address (P.O. Box NOT acceptable)			
	POMPANO BEACH	FL 33060		
-	City, State	<del></del>		
liability company registered agent and statutes relating to	y at the place designated i I agree to act in this capa o the proper and complete	to accept service of process fo in this certificate, I hereby acc city. I further agree to comply performance of my duties, an	ept the appointment of wwith the provisions of dI am familiar with o	as of all and

Registered Agent's Signature (REQUIRED)

Page 1 of 2 (CONTINUED)

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" = Mana "MGRM" = Ma	ager anaging Member	Name and Address:	
MGRM		Harry Sanders	
		1205 N.W. 3rd Avenue, Apt. 212 Pompano Beach, Florida 33060	
MGR		Elliott Daniels	
		2728 Whisper Lakes Club Circle	
		Orlando, Florida 32867	
		TAL	2010 MAR
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(Use attachmen	•	>	STATE
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ICLE V: Effective effective date is li	e date, if other than the isted, the date must be date of filing.)  IGNATURE:  Signature of a member (In accordance with see	e date of filing: (OP)  be specific and cannot be more than five busine  er or an authorized representative of a member.  ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury	SHATE (10NAL)
ICLE V: Effective effective date is li	e date, if other than the isted, the date must had ate of filing.)  IGNATURE:  Signature of a member of this document cons	e date of filing: (OP)  oe specific and cannot be more than five busine  er or an authorized representative of a member.  ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury erein are true.)	SHATE (10NAL)
ICLE V: Effective effective date is li	e date, if other than the isted, the date must be date of filing.)  IGNATURE:  Signature of a member of this document constitute facts stated here.	e date of filing: (OP)  be specific and cannot be more than five busine  er or an authorized representative of a member.  ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury	SHATE (10NAL)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)