# L100000028948

	(Requestor's Name)
	(Address)
	(Address)
1	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	A. LUNT
	MAR 1 6 2010

EXAMINER

Office Use Only

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SECRETARY OF STATE TALLAHASSEE. FLORID

FILED

### **COVER LETTER**

TO:	Registration S Division of C		
SUBJE	сст:	eorgiaStreetz Entertainmen Name of Limited Liability Company	t, LL
The end	closed Articles o	of Organization and fee(s) are submitted for filing.	
Please	return all corres	spondence concerning this matter to the following:	
		Jason White Name of Person	
•		Firm/Company	
	482		<u> </u>
	Nort	Address  Hollywood, CA 91601  City/State and Zip Code	TARY OF STARY OF STAR
-	الم	E-mail address. (to be used for future annual report notification)	
For furt	ther information	n concerning this matter, please call:	
	ASOM Name	white at 904 345 - 0827  e of Person Area Code & Daytime Telephone Number	1_
Enclos	ed is a check f	for the following amount:	•
<b>□</b> \$125.	00 Filing Fee	Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy	Status & y
		Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
Georgia Streetz (Mussend with the words "Limited Liabili	Entertainment, LLC ity 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:
26.11 River Rd Jacksonville, FL 32207	4821 Lankershim Blud Suite F-192 North Hollywood, CA 91601
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the re-	ered Agent. You must designate an individual or another
The hame and the Florida street address of the Name	hite HASSETARY TO
2611 River Florida street add	Rd Iress (P.O. Box NOT acceptable)  R 32207
<u>Jacksonville</u> City, Sta	FL 32207 PM -

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

## The name and address of each Manager or Managing Member is as follows:

ARTICLE IV- Manager(s) or Managing Member(s):

<u>Title:</u> "MGR" = Manager "MGRM" = Manager	Name and Address:
"MGRM" = Managing Member  MG-R	Jason White 2611 River Rd Jacksonville, FL 32207
MGRM	Mary Williams 3873 Roswell Rd # 2 Htlanta, GA 30342
	ECRE LARY OF P
**************************************	PALS: L
(Use attachment if necessary)	•
	e date of filing: (OPTIONAL)  oe specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

#### Filing Fees:

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

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