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Division of Corporations

P. 001/004

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Florida Department of State
Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
SLEEPY BEAR STUDIOS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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EXAMINER

3/23/2010

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Sleepy Bear Studios, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:**Mailing Address:**

1202 Gulf Oaks Dr.

1202 Gulf Oaks Dr.

Tarpon Springs, FL 34689

Tarpon Springs, FL 34689

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Matthew D. Desmond

Name

1202 Gulf Oaks Dr.

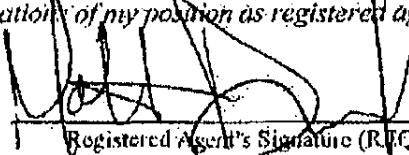
Florida street address (P.O. Box NOT acceptable)

Tarpon Springs

FL 34689

City, State, and Zip

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.


Matthew D. Desmond
 Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

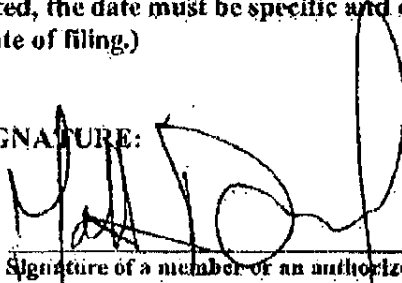
"MGRM" = Managing Member

Name and Address:MGRMatthew D. Desmond1202 Gulf Oaks Dr.Tarpon Springs, FL 34689MGRMichael P. Valeron1202 Gulf Oaks Dr.Tarpon Springs, FL 34689

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

3-16-2010

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

(In accordance with section 608.408(1), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MATTHEW D. DESMOND

Typed or printed name of signer

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)

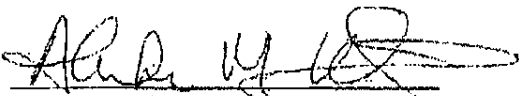
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Notary Acknowledgment

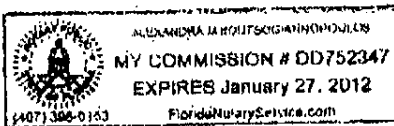
State of Florida)

County of Pinellas)

On this March 16, 2010, before me personally appeared Matthew D. Desmond, to me known to be the person described in and who executed the foregoing instrument and acknowledged to me that Matthew D. Desmond executed the as his free act and deed.



Notary Public
My commission expires:



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