L10000033807

(Req	uestor's Name)	
(Add	ress)	
hbA)	ress)	
(Aud	1633)	
(City	/State/Zip/Phon	e #)
_		_
☐ PICK-UP	WAIT	MAIL .
(Busi	iness Entity Nar	ne)
(Doc	ument Number)	
000)	ument ivamber,	
Certified Copies	Certificates	of Status
•		
Special Instructions to F	iling Officer:	
	A 111	A 1-2-
A. LUNT		
MAR 25 2010		
E	XAMI	VIED
	A FEAT	Vyu.i i

Office Use Only



500171990895

03/24/10--01033--012 **160.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: W.U. N. Enter tain ment, Limited Liability Name of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robyn Jones Name of Person
Name of Person
W. U. N. Entertainment
Firm/Company
POBOX 2428, PMB 20071, 428 Chi Fer \$ 57
Address
PoBox 2428, PMB 20071, 428 Chi Fee 57 Address Pensacola, FL 32513 City/State and 7 in Code
Two ducks two 52@ yahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robyn Jones at 732 575-6761 Name of Person Area Code & Daytime Telephone Number
Name of Ferson
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee \$ Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
W.U.N. Entertainment, Limited Liability Company
(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: Mailing Principal Office
The name and the Florida street address of the registered agent are: Robyn Jones ALEXARY OF STAR 24 PR PR PR PR PR PR PR P
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: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary)

(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:

ARTICLE V: Effective date, if other than the date of filing:

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.)

Robyn Jones
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)