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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FIORIA

(h)

J. BRYAN

AUG -4 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 28, 2010

SCOTT POILEY POILEYWOOD ENTERTAINMENT, INC. 200 GRANDVIEW PLACE LONGWOOD, FL 32779

SUBJECT: THE 7 STEPS TO BACHELORHOOD ZEN, LP

Ref. Number: A08000000672



We have received your document for THE 7 STEPS TO BACHELORHOOD ZEN, LP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is #L06000011411, CASSADAGA, LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 410A00018206

COVER LETTER

Division of Co						
SUBJECT: Cassadaga	a Film Production, LLC					
	(Name of Resulting	Florida Limited Con	mpany)			
	ate of Conversion, Ar siness Entity" into a " 8.439, F.S.					0
Please return all corre	espondence concerning	g this matter to:				
Scott Poiley						
	(Contact Person)		-			
PoileyWood Entertainme	nt, INC.					
	(Firm/Company)		-		· - 1	
200 Grandview Place					ALI ALI	<u> </u>
	(Address)		-		至严	E C
Longwood, FL, 32779					ASE SSE	10 AUG -3 PM 1:28
	City, State and Zip Code)		-		333 0 A	79
Scottbpoiley@gmail.com					. FES	
	e used for future annual re	port notifications)	-		원된	: 28
For further information	on concerning this mat	tter, please call:			OA A	
Scott Poiley		_at (407) 529-698	9		
(Name of Contact	ct Person)	(Area Code	and Dayt	ime Telephone l	Number)	
Enclosed is a check for	or the following amou	nt:				
✓ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing and Certified Cop	y (■\$185.00 Filing Certified Copy, a Certificate of Sta	and	
STREET ADDRESS Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle	Registr Divisio P. O. B	ation Se	porations		

Certificate of Conversion For "Other Business Entity" Into Florida Limited Liability Company



This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" Certificate of Conversion is:	immediately prior to the filing of this
The 7 Steps To Bachelorhood Zen, LP	#A0800000672
(Enter Name of O	ther Business Entity)
	corporation, limited partnership, on law or business trust, etc.)
first organized, formed or incorporated under	r the laws of Florida, USA
(Enter state, or if a non-U.S.	entity, the name of the country)
on ^{7/15/2008}	
	s first organized, formed or incorporated)
3. If the jurisdiction of the "Other Business under the laws of which it is now organized,	
4. The name of the Florida Limited Liability Articles of Organization:	Company as set forth in the attached
Cassadaga Film Production, LLC.	
(Enter Name of Florida I	Limited Liability Company)
effective date listed in the attached Article	nor more than 90 days after the date this ent of State; <u>AND</u> 2) must be the same as the
listed therein.)	

Signature of Member or Authorized Repre	1 0	<u>y :</u>
Signature of Member or Authorized Represen	tative:	
Printed Name: Scott Poiley	Title: MGRM	
	-	
<u> Signature(s) on behalf of Other Business Ent</u>	ity: [See below for required signature(s)).]
s: Salam		
Signature: Signature:		
Printed Name: Swill Poil y	Title: Director	
Signature:		
Printed Name: Bruce Wood	Title: Direction	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
o		
Signature:		
Printed Name:	I itie:	
Signatura	22.	<u>=</u>
Signature:Printed Name:		_ω Γ
Timed Name.	Time:	
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Directo	r or Officer	= 0
If Directors or Officers have not been selected,		; N
	Ör	a co
If Florida General Partnership or Limited Li		
Signature of one General Partner.		
2.D Or other of strains.		

All others:

Signed this 2nd

_day of August

Signature of an authorized person.

Signatures of ALL General Partners.

Fees:

Certificate of Conversion:

\$25.00

Fees for Florida Articles of Organization:

\$125.00

Certified Copy:

\$30.00 (Optional)

Certificate of Status:

\$5.00 (Optional)

If Florida Limited Partnership or Limited Liability Limited Partnership:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	

Cassadaga Film Production, LLC.

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

ARTICLE II - Address:

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

Frincipal Office Address:	<u>Maning Address:</u>
200 Grandview Place	200 Grandview Place
Longwood, FL 32712	Longwood, FL 3279

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:	ASE 3SE	50	
Poiley Wood Entertainment, INC	CRE	AUG	7
Name 200 Grandview Place	ASSE	ည်	
Florida street address (P.O. Box NOT acceptable)	'1	PH 9	
Longwood FL 32779	STAT	1:28	Ü
City, State, and Zip	40. J.	00	

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	
MGRM	PoileyWood Entertainment, INC	
	200 Grandview Place	
	Longwood, Fl 32712	
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	(Use attachment if necessary)	
	fother than the date of films.	
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2