Division of Corporations Electronic Filing Cover Sheet

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(((H10000184959 3)))



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To:

AUG 1 8 2010

From:

Division of Corporations

Fax Number : (850)617-6383

: C T CORPORATION SYSTEM

Account Name Account Number : FCA000000023

Phone Fax Number : (850)222-1092 : (850)878-5368 **EXAMINER** 

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Emai	.1	Address:	 		
•		ı		•	

## FLORIDA LIMITED LIABILITY CO.

Tollgate Entertainment LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	04	
Estimated Charge	\$125.00	

Electronic Filing Menu

Corporate Filing Menu

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AH 9:39

## COVER LETTER

Division of Corporations Toligate Entertainment LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Organization and foc(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Michael Frisch Name of Person Shukat Arrow Hafer Weber & Herbsman LLP Firm/Company 111 West 57th Street, Suite 1120 Address New York, NY 10019 City/State and Zip Code michael@musiclaw.com B-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael Frisch 245-4580 Ares Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **⊠\$**155,00 Filing Fee & \$125.00 Filing Fee \$\int \$130.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Malling Address Street/Courier Address Registration Section Registration Section Division of Corporations Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tailahasson, FL 32301

TO:

Registration Section

ARTICLES OF ORGAN	VIZATION FOR	R FLORIDA LIM	TTED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited I	iability Company	y is:	
	Tollgate Enter	tainment LLC	
(Must end wit		lability Company," "L.I.	.C.," or "LLC.")
ARTICLE II - Address:			
	treet address of th	e principal office o	of the Limited Liability Company is:
Principal Office Address	<u>:</u>	Mailing Add	iress:
1755 NB 149th Street		<u>1755 NE 149m</u>	Street
Miami, Florida 33181-1007		Miami, Florida	33181-1007
The name and the Florida		he registered agent oration System	are:
•	N	eme	
* t	1200 South )	Pine Island Road	
FÎ	orida street address (	P.O. Box NOT accept	eble)
	Plantation	FL 33324	
• • •	City, Sta	tc, and Zip	
liability company at the registered agent and agree	place designated to act in this cape	in this certificate, I acity. I further agre performance of m egistered agent as	
By	1/4/11	<i>P</i>	ssistant Secretary

~~

(CONTINUED)

TILED

10 AUG 17 AM 9: 39

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Title:		Name and Address:
"MGR" = M	anager Managing Member	<u></u>
MGR	· · ·	Janice Germano
	,	1755 NE 149th Street
	,	Miami, Florida 33181-1007
MGR	414.4	Robert Lanier
		1755 NE 149th Street
·		Miami, Florida 33181-1007
LE V: Effect Sective date i	s listed, the date mus	the date of filing: (OPTION
days after th	e date of filing.)	
REQUIRED	SIGNATURE:	W All
	Signature of a men	ober or an authorized representative of a member.
. :.	(In accordance with of this document of that the facts stated	section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury herein are true.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

s. i. i. .

Page 2 of 2

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