

8/25/2010

H1000089719

Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850) 617-6383

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Account Name : HUBCO
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**FLORIDA LIMITED LIABILITY CO.
 A.T.M. (Armored Truck Money) Entertainment LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

S. HAWKES

AUG 26 2010

EXAMINER

Called Hubco to check name & this is the way they want it filed.

H10000190283

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **A.T.M. (Armored Truck Money) Entertainment LLC**

ARTICLE II - Address

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

Principal Office Address:

11018 Black Swan Court

Seffner, FL 33584

Mailing Address:

11018 Black Swan Court

Seffner, FL 33584

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

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

Thomas J. Williams Jr.

Name

11018 Black Swan Court

(P.O. Box or Mail Drop Box NOT Acceptable)

Seffner, FL 33584

(City / State / 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.



Registered Agent's Signature Thomas J. Williams Jr.

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

H10000190283

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Thomas J. Williams Jr. - 11018 Black Swan Court, Seffner, FL 33584

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Thomas J. Williams Jr.

Typed or printed name of signee

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STATE OF FLORIDA
TALLAHASSEE