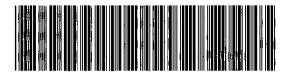
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(Requestor's Name)				
(,				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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SECRETARY OF STAIL
SHINARSSEE, FLORID

G. MCLEOD

Office Use Only

DEC 21 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 8, 2010

JAY D ROWDEN 10350 FULTON AVE BROOKSVILLE, FL 34613

SUBJECT: JADI LLC

Ref. Number: W1000056876

We have received your document for JADI LLC and your check(s) totaling \$125.00. 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. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P10000080561.

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) 245-6851.

Gina McLeod
Regulatory Specialist II

Letter Number: 010A00028476

COVER LETTER

TO:	TO: Registration Section Division of Corporations					
SUBJI	SUBJECT: Boomer Productions LLC					
5020	Name of Limited Liability Company					
The en	closed Articles o	f Organization and fee(s) are	submitted for filing.			
Please	return all corresp	ondence concerning this mat	tter to the following:			
	Jay D. Ro	owden				
			Name of Person			
	Boomer F	Productions LLC				
			Firm/Company			
	10350 Fu	lton Av.				
			Address			
	Brooksville	, FL 34613				
			ty/State and Zip Code			
	rowden43@		for future annual report notification)			
For fur	ther information	concerning this matter, pleas	•			
Jay I	D. Rowden		at (352) 238-6299			
	Name	of Person	Area Code & Daytime Telephone Number			
Enclos	sed is a check fo	or the following amount:				
▼ \$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & 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:	
Boomer Productions LLC		
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
0350 Fulton Av.	10350 Fulton Av.	
rooksville, FL 34613	Brooksville, FL 34613	
ARTICLE III - Registered Agent, Register Che Limited Liability Company cannot serve as its own Full business entity with an active Florida registration.)		
The name and the Florida street address of t	he registered agent are:	TO DI
Jay D. Rowden		DEC 20 LOHE JARY
N	ame	\$38 \$38 \$38 \$38 \$38 \$38 \$38 \$38 \$38 \$38
10350 Fulton A	V.	

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.

City, State, and Zip

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

_{FL} 34613

Registered Agent's Signature (REQUIRED)

Brooksville.

(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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRN	Diane B. Rowden
	10350 Fulton Av.
	Brooksville, FL 34613
MGRN	Jay D. Rowden
	10350 Fulton Av.
	Brooksville,
(Use attachment if necessary)	
	the date of filing: January 1 2011 . (OPTIONAL) st be specific and cannot be more than five business days prior
REQUIRED 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Jay D. Rowden

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)