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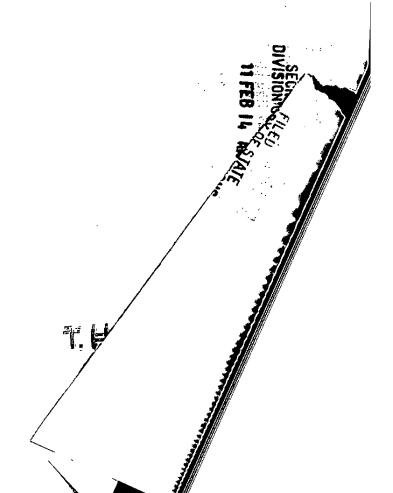
(Requestor's Name)
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(City/State/Zip/Phone #)
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COVER LETTER

TO:

Registration Section

4. Division of Corporations
SUBJECT: Showdown Entertainment, LLC, 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:
Victor D'Aurio Name of Person
Name of Person
Showdown Entertainment, LLC. Firm/Company
9324 Royal Troon Dr. Address
Tallahassee FC 32312 City/State and Zin Code
ongression and Expression
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (850) 264-3654 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \text{Certified Copy (additional copy is enclosed)} \ Certified Copy (additi
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:	
Show down Enter-	Gainne at LLC. y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
19324 Royal Trosa Drive Talla Lassee, FC 32312	9324 Royal Trons Drive Tallahersee, FL 32312
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Victor C	l'Aurio
Name	

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

Tallahassee FL 32312

City, State, and 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 (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE DIVISION OF CORPORATIONS

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

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

"MGR" = Manager	1
MGRM" = Managing Mem M G ルヘ	Victor D'Aurio 9324 Aurio Tallahassee, FL 38314
MERM	Frank D'Auriu 33 Hunter Place Smithtown, NY 11787
	
Use attachment if necessary	y)
EV: Effective date, if other ective date is listed, the dat lays after the date of filing.	
EV: Effective date, if other ective date is listed, the dat lays after the date of filing. REQUIRED SIGNATURE	e must be specific and cannot be more than five business d
EV: Effective date, if other ective date is listed, the dat lays after the date of filing. REQUIRED SIGNATURE Signature of the date of filing accordance with seconstitutes an affirm I am aware that any	e must be specific and cannot be more than five business d .)

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)