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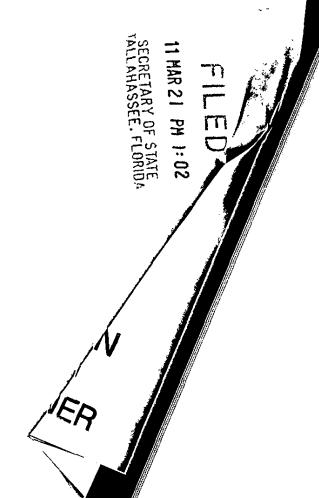
| (Requestor's Name) | _ |
|---|---|
| (Address) | _ |
| (Address) | _ |
| (City/State/Zip/Phone #) | _ |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | _ |
| (Document Number) | _ |
| Certified Copies Certificates of Status | _ |
| Special Instructions to Filing Officer: | 7 |
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COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--------|
| SUBJECT: KIZZIME J. WALKER PRODUCTIONS | |
| 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: | |
| KIZZIME J. WALKER | |
| Name of Person | |
| KIZZIME J. WALKER PRODUCTIONS | |
| Firm/Company | |
| 5307 Golfbrook Dr. | |
| Address PP 2 | |
| Jacksonville, Florida 32208 City/State and Zip Code victimony@yahoo.com | [[|
| City/State and Zip Code 75 | ` |
| victimony@yahoo.com E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| | |
| KIZZIME J. WALKER at (904) 207-5494 | |
| Name of Person Area Code & Daytime Telephone Number | |
| Enclosed is a check for the following amount: | |
| \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| Mailing Address Registration Section Street/Courier Address Registration Section | |
| Division of Corporations Division of Corporations | |
| P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| KIZZIME J. WALKER PR | ited Liability Company, "L.L.C.," or "LLC.") | |
|---|---|----------|
| | ned Liability Company, E.E.C., or Elec.) | |
| ARTICLE II - Address: The mailing address and street address of | of the principal office of the Limited Liability Comp | oany is: |
| Principal Office Address: | Mailing Address: | |
| 5307 Golfbrook Dr. Jacksonville, Florida 32208 | 5307 Golfbrook Dr. Jacksonville, Florida 32208 | |
| | gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another of the registered agent are: | |
| KIZZIME J. WAL | KER SEC | k k - |
| | Name ARE AR | |
| | | |
| 5307 Golfbro | ook Dr. ASS | 3 F |
| | | |
| | | |
| Florida s | | |

(CONTINUED)

(inserted Agent's Signature (REQUIRED)

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:

| "MGRM" = Managing Member | | |
|--|---|-------------|
| MGR | KIZZIME J. WALKER | |
| | 5307 Golfbrook Dr. | |
| | Jacksonville, Florida 32208 | _ |
| MGRM | Miriam C. Reed-Walker | |
| | 10736 Meadowlea Cir. W | _ |
| | Jacksonville, Florida 32218 | |
| (Use attachment if necessary) | P S S S S S S S S S S S S S S S S S S S | HAR ZI III. |
| LE V: Effective date, if other than th | e date of filing: (OPT | IONAI |
| | be specific and cannot be more than five busine | |

REQUIRED SIGNATURE:

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.)

KIZZIME J. WALKER

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)