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D. BRUCE
APR 1 2 2011
EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: ALL PLATFORMS ENTERTAINMENT 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:	
ROBERT Di CERBO Name of Person	-
ALL PLATFORMS ENTERTAINMENT	-
800 GOLFVIEW STREET Address	-
ORIANDO, FL 32804 City/State and Zip Code	Lang
City/State and Zip Code	Ī
Bob dicerbo a Johon. Com. E-mail address: (to boused for future annual report notification)	1
For further information concerning this matter, please call:	ξ
ROBERT Di CERBO at 407 620-8264 Name of Person 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)} \text{Certified Copy (additional copy is enclosed)} \text{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 Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
ALL PLATFORMS ENTERTAIN (Must end with the words "Limited Liability	MENT, LLC y Company, L.L.C.," or "LLC.")
ARTICLE II - Address:	nainal office of the Limited Liebility Company is
The maning address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
800 GOLFVIEW STREET ORCANDO, FL 32804	800 GOLFVIEW STREET OLIANDO, FL 32804
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:
ROBERT Di CE	SSEE F
800 GOLFVIEW Florida street addre	ess (P.O. Box NOT acceptable)
ORLANDO City, State	FL 32804 e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete perj	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of alformance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S.
A+ 1. C	2d-
Registered Agent's Signatur	re (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	ROBERT DI CERBO BOO GOLFVIEW STREET ORLANDO, FL 32804
· 	
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	e of filing: (OPTIONAL) ecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	Λ
(41):	all
(In accordance with section 608.408 constitutes an affirmation under the	(3), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. on submitted in a document to the Department of State provided for in s.817.155, F.S.)
ROBERT DI	CERBO or printed name of signee
Filing Fees:	SSET
\$125.00 Filing Fee for Articles of Organiza of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	tion and Designation