1000087812

(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:		

Office Use Only



400210445464

07/29/11--01018--025 **160.00



COVER LETTER

TO: Registration Division of C	Section orporations		
SUBJECT: Alley S	tudios		
	Name of Limit	ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	spondence concerning this mat	ter to the following:	
Maurice Shi	pman	Name of Person	
		Firm/Company	
OFOC Chat		1 mm Company	
2586 Chate	eau Lane	Address	
Tallahassee,	FL		
		ty/State and Zip Code	
shipman.ma	aurice@yahoo.com	for future annual report notification)	
For further information	n concerning this matter, pleas		
Maurice Shipmar		at (561) 284-2437	
Nam	e of Person	Area Code & Daytime Telep	phone Number
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 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	Street/Courier Address Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 Comp	any is:	
Alley Studios L.L.C.		
(Must end with the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	f the principal office of the Limited Liabil	ity Company is:
Principal Office Address:	Mailing Address:	
2586 Chateau Lane	2586 Chateau Lane	
Tallahassee, FL 32311	Tallahassee, FL 32311	
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its ov business entity with an active Florida registration.)	istered Office, & Registered Agent's Signan Registered Agent. You must designate an individual	inature: or another
The name and the Florida street address of	of the registered agent are:	SEC SEC
Maurice Shipman		JUL DREAT
	Name	FIL CRETARY ION OF C
2586 Chateau Lane		— — — — — — — — — — — — — — — — — — —
Florida s	treet address (P.O. Box NOT acceptable)	OF STATE OF STATE OF STATE OF STATE OF STATE
Tallahassee,	FL32311	3 10 10 10 10 10 10 10 10 10 10 10 10 10
	City, State, and Zip	S
Having been named as registered agent of	and to accept service of process for the abo	ve stated limited

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)

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:
MGR	2586 Chateau Lane Maurice Shipmun Tallahassee, FL 32311
(Use attachment if necessary)	
	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a member.	or an authorized representative of a member.
constitutes an affirmation under t I am aware that any false informa	08(3), Florida Statutes, the execution of this document he penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of Status is provided for in s.817.155, F.S.)
Maurice Shipman	UL NOFARTA
Турс	ed or printed name of signee
Filing Fees:	RP OF S

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)