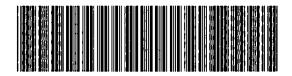
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SECRETARY OF STATE
ALLAHASSEE, FLORIE

T. HAMPTON

SEP - 7 2011

EXAMINER

COVER LETTER

	tion Section of Corporations		
SUBJECT:	Holo The Li	ve tarrest	1 Mestments LLC
V		of.Limited Liability Cor	npany
The enclosed Artic	cles of Organization and fe	e(s) are submitted for fi	ling.
Please return all co	orrespondence concerning	this matter to the follow	ring:
.00			
	ARK Collins		
		Name of Person	
		Firm/Company	
700	0 - 1 0		
120	8 Trinify PAK	Ce TAMPA Address	PL
Tr	AMPA FL	33610	
	investments @ 9/ E-mail address: (to	336/0 City/State and Zip C	Ode
HOD	investments @ 90	1AIL - Con	
	E-mail address: (to	be used for future annual r	report notification)
For further inform	ation concerning this matte	er, please call:	
2	. 4 .	9/ 9	200 0101
MARK C	Ollins	at (at	393 -2034 Ode & Daytime Telephone Number
	Name of Person	Area C	ode & Daytime Telephone Number
Enclosed is a che	eck for the following am	ount.	
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[\$125.00 Filing Fe	e \$\sums\$\square\ \\$130.00 \text{ Filing F} \\ \text{Certificate of S}		iling Fee &\$160.00 Filing Fee, Copy Certificate of Status
	Certificate of 5		copy is enclosed) Certified Copy
			(additional copy is enclo
	8 4.92 + 33	G 4 .	./C:
	Mailing Address Registration Section		/Courier Address tration Section
	Division of Corpo	rations Divisi	on of Corporations
	P.O. Box 6327 Tallahassee, FL 3		n Building Executive Center Circle
	i anamassee, i L S		nassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Holo the Live Investments (C
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is
Principal Office Address: Mailing Address:
7208 Trinity Place Same
TAMPA PC SUITO
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
MARK Collins Name
7208 Trivity Place
Florida street address (P.O. Box NOT acceptable)

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)

TAMPA

(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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Darnell Williams 9506 Amberdale CT Unit 101 RIVERVIEW, Fl 33578
MGRM	Drenna Williams PO BOY 3076 TAMPA PC 33601
MGRM	MARK COLLINS 7208 Trivity Place TAMPA FL 33610
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
CLE V: Effective date, if other than th	e date of filing: (OPTIONAL) be specific and cannot be more than five business days p
-CCAtom disks to be a disk at all and a second	

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.)

MARK Collins

Typed or printed name of signed

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)

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