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* COVER LETTER *

TO: Registration Section Division of Corporations
SUBJECT: New Millennium Entertainment, UC 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:
Quinton E. M. Queen Name of Person
New Millennium Entertainment
P.O. Box 15231
Tallahassee Florida 32317 City/State and Zip Code
New illenium dis a a a com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Reging McQueen at (850) 385-3938/850-631-1773 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \sum \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \sum \text{Certified Copy (additional copy is enclosed)}
Mailing Address Street/Courier Address

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 Company is:
New Millenium Entertainment, LLC. (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:
Principal Office Address: New Millenaium Entertainment III. New Millenaium Entertainment III. New Millenaium Entertainment III. 2710 Sam Governor Lane P.O. Box 15231 Tollahassee, FL 32308 Tallahassee, FL 32317
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: \[\begin{align*} \text{Quinton E. MQueen} \\ \text{Name} \\ \text{Name} \\ \text{Plorida street address (P.O. Box NOT acceptable)} \\ \text{Tallahassel, FL 32308} \\ \text{City, State, and Zip} \end{align*} \]
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) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

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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	Quinton E. M. Queen 2710 Sam Governor Lane Tallahassee, FL 32308
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must b 90 days after the date of filing.)	e date of filing: (OPTIONAL) se specific and cannot be more than five business days p
REQUIRED SIGNATURE:	
(lest	- V/c/1
Signature of a member	er 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.)

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)