

L12000033517

(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



500221166645

02/23/12--01016--002 **125.00

EFFECTIVE DATE 03-01-12

12 MAR -7 PM 4:31
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

B. BOSTICK
MAR - 8 2012
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Laser Pegs Entertainment, LLC
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 H. Thornburg, Esq.
Name of Person

Allen, Dyer, Doppelt, Milbrath, and Gilchrist, P.A.
Firm/Company

777 Brickell Avenue Suite 1114
Address

Miami, FL 33131
City/State and Zip Code

rthornburg@addmg.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Lima at (305) 374-8303
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
- \$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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

12 MAR -7 PM 4:31
 TALLAHASSEE, FLORIDA
 STATE
 DEPARTMENT OF REVENUE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Laser Pegs 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:

8304 Consumer Court
Sarasota, Fl 34240

8304 Consumer Court
Sarasota, Fl 34240

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:

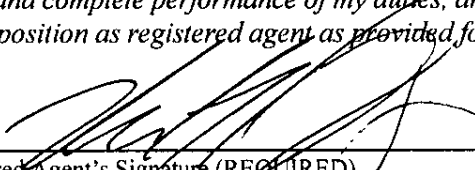
Robert H. Thornburg
Name

777 Brickell Avenue Suite 1114
Florida street address (P.O. Box **NOT** acceptable)

Miami FL 33131
City, State, and Zip

RECEIVED
12 MAY - 7 PM 4:31
TALLAHASSEE, FLORIDA

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Capriola Corporation
8304 Consumer Court
Sarasota, FL 34240

MGRM

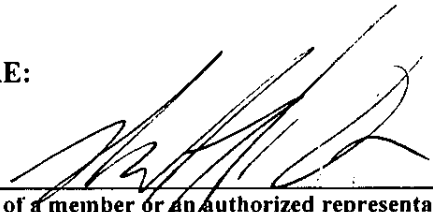
The Alan Ladd Group
14320 Ventura Blvd., Suite 173
Sherman Oaks, California 91403

(Use attachment if necessary)

FILED
12 MAR -7 PM 4:31
TALLAHASSEE FLORIDA

ARTICLE V: Effective date, if other than the date of filing: March 1, 2012 ^{RH} (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Robert H. Thornburg

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)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2012

ROBERT H. THORNBURG, ESQ.
ALLEN, DYER, DOPPELT, MILBRATH, AND GILC
777 BRICKELL AVENUE, SUITE 1114
MIAMI, FL 33131

SUBJECT: LASER PEGS ENTERTAINMENT, LLC
Ref. Number: W12000010916

We have received your document for LASER PEGS ENTERTAINMENT, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 112A00007840