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SECRETARY OF STATE DIVISION OF CORPORATION

APR = 4 2012 T. HAMPTON

COVER LETTER

| TO: | Registration Section Division of Corporations | |
|----------|---|---|
| SUBJE | FCT: Higher Level Entertainment LLC | |
| 50202 | Name of Limited Liability Company | |
| The end | closed Articles of Organization and fee(s) are submitted for filing. | |
| Please | return all correspondence concerning this matter to the following: | |
| | Dwight Cartier | |
| | Name of Person | |
| | Higher Level Entertainment LLC | |
| • | Firm/Company | |
| | 370 Lake Tahoe Ct. #103 | |
| • | Address | _ |
| P | Altamonte Springs, FL 32701 | |
| | City/State and Zip Code | |
| 1 | higherlevent@gmail.com E-mail address: (to be used for future annual report notification) | |
| For furt | ther information concerning this matter, please call: | |
| Dwigh | ht Cartier 407 430-8999 | |
| | Name of Person Area Code & Daytime Telephone Number | |
| Enclos | sed is a check for the following amount: | |
| \$125.00 | Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status (additional copy is enclosed) \$\times \text{\$155.00 Filing Fee & Certificate of Status (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed) | |
| | Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|--|--|
| Higher Level Entertainment LLC | |
| (Must end with the words "Limited Liabili | ty Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the pri | incipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 370 Lake Tahoe Ct. #103 Altamonte Springs, Fl | 370 Lake Tahoe Ct. #103 Altamonte Springs, Fl |
| 32701 | 32701 |
| business entity with an active Florida registration.) The name and the Florida street address of the representation. Dwight Cartier Name | egistered agent are: |
| 370 Lake Tahoe Ct. #103 | |
| | ress (P.O. Box <u>NOT</u> acceptable) |
| Altamonte Springs | FL 32701 |
| City, Sta | te, 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 per | accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S |
| Registered Agent's Signatu | 12 APR -3 |
| (CONTIN | UED) 목 등 |

Page 1 of 2

| ARTICLE IV- Manager(s) or Managing Member | rís |): |
|---|-----|----|
|---|-----|----|

The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> "MGR" = Manager | Name and Address: |
|--|--|
| "MGRM" = Managing Member | • |
| | |
| MGR | Dwight Cartier |
| | 370 Lake Tahoe Ct. #103 |
| | Altamonte Springs, FL 32701 |
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| (Use attachment if necessary) LE V: Effective date, if other the ffective date is listed, the date in days after the date of filing.) | an the date of filing: (OPTIONA nust be specific and cannot be more than five business da |
| LE V: Effective date, if other the ffective date is listed, the date is days after the date of filing.) | an the date of filing: (OPTIONA nust be specific and cannot be more than five business da |
| LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: | nust be specific and cannot be more than five business da |
| LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: | an the date of filing: (OPTION) nust be specific and cannot be more than five business da want M. Cantal member or an authorized representative of a member. |
| LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.) REQUIRED SIGNATURE: Signature of a light of the date of filing. | member or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. It is information submitted in a document to the Department of State in formation as provided for in s.817.155, F.S.) |
| LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.) REQUIRED SIGNATURE: Signature of a in the constitutes an affirmation I am aware that any false constitutes a third degree. | member or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution of this document n under the penalties of perjury that the facts stated herein are true. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.) tier Typed or printed name of signee |
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