Division of Corporations Electronic Filing Cover Sheet

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(((H130000378763)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113 Fax Number : (215) 977-9386

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## FLORIDA LIMITED LIABILITY CO. **MYSTYFY STUDIOS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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, š.



February 19, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

N. BURR KEIM COMPANY

SUBJECT: MYSTYFY STUDIOS, LLC

REF: W1300009960

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

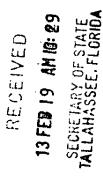
You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

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 filling of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

FAX Aud. #: B13000037876 Letter Number: 713A00004000



MINORES OF ORGENIZATION I	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	<b>'</b>
The name of the Limited Liability Comp	pany is:
MYSTYFY STUDIOS, LLC	
(Must end with the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address o	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
762 Willoughby Court	762 Willoughby Court
Winter Springs, FL 32708	Winter Springs, FL 32708
ARTICLE III - Registered Agent, Reg	istered Office, & Registered Agent's Signature:
	wn Registered Agent. You must designate an individual or another

The name and the Florida street address of the registered agent are:

Matthew Hicks	TAT PASS	2813
Name		
762 Willoughby Court  Florida street address (P.O. Box NOT acceptable)	ASSE YASSE	8 19
Winter Springs Ft. 32708		2
City, State, and Zip	SIV	<u></u>
Having been named as registered agent and to accept service of process for the above stability company at the place designated in this partificate. I havely accept the appearance of the place designated in this partificate.		

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..



(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:

WILTE WARREN	Name and Address:
"MGR" = Manager "MGRM" = Managing Membe	र
MGRM	
NGAW	Matthew Hicks
	P.O. Box 197024
	Winter Springs, FL 32719
MGRM	Gynthia Hicks
	P.O. Box 197024
	Winter Springs, FL 32719
(Use attachment if necessary)	
LE V: Effective date, if other the factive date is listed, the date	e must be specific and cannot be more than five business da
LE V: Effective date, if other the factive date is listed, the date or 90 days after the date of file.	e must be specific and cannot be more than five business daing.)
LE V: Effective date, if other the frective date is listed, the date or 90 days after the date of file REQUIRED SIGNATURE:	e must be specific and cannot be more than five business daing.)
LE V: Effective date, if other the frective date is listed, the date or 90 days after the date of file REQUIRED SIGNATURE:	e must be specific and cannot be more than five business daing.)
LE V: Effective date, if other the frective date is listed, the date or 90 days after the date of fill REQUIRED SIGNATURE:  (In accordance with sect constitutes an affirmation of the section of the sec	e must be specific and cannot be more than five business daing.)
Or 90 days after the date of file  REQUIRED SIGNATURE:  (In accordance with sect constitutes an affirmation I am aware that any false constitutes a third degree	ion 608.408(3), Florida Statutes, the execution of this document m under the penalties of perjury that the facts stated herein are true.

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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