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| Certified Copies        | _ Certificates     | of Status |
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| Special Instructions to | Filing Officer:    |           |
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SECRETARY OF STATE ORIDA

N. Cullgen MAY 22 2010

# **COVER LETTER**

| TO: Registration Section Division of Corporations |   |  |  |
|---|---|--|--|
| SUBJECT: <u>Isa</u>                               | ac Entertainment C<br>Name of Limite  | LLC<br>ed Liability Company  |  |
| The enclosed Articles                             | of Organization and fee(s) are s  | submitted for filing.  |  |
| Please return all corres                          | spondence concerning this matte   | er to the following:   |  |
| Antho   | ry Russo  |  |  |
|   | /   | Name of Person   |  |
|   |   |  |  |
|   |   | Firm/Company   |  |
| 11771   | Peral lane  |  |  |
| _1/2//  | Regal Lane  | Address  |  |
| 1000  | E) 33774  |  |  |
| Largo   | Cit   | y/State and Zip Code   |  |
| and the same                                      | anthe   | or fature annual report notification)  | ail.com  |
|   | E-mail address: (to be used f   | or future annual report notification)  | <u> </u>   |
| For further information                           | n concerning this matter, please  | call:  |  |
| Anthony R   | J550  | or 77.7 422-1  | 304  |
| Nam   | e of Person   | at ( 727 ) 422 - )<br>Area Code & Daytime Teleph   | none Number  |
|   |   |  |  |
| _   | 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,<br>Certificate of Status &<br>Certified Copy<br>(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 Ci | rcle   |

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

| The name of the Limited Liability Company is:  |  |                          |
|--|--|--------------------------|
| Isaac Entertainment L<br>(Must end with the words "Limited Liabili   | ity Company, "L.L.C.," or "LLC.")                | -                        |
| ARTICLE II - Address: The mailing address and street address of the pri  | incipal office of the Limited Liability C        | Company is:              |
| Principal Office Address:  | Mailing Address:                                 |                          |
| 11211 Regal Lane<br>Loggo, FL, 33774   | 11211 Regal Lane<br>Lugo, FL, 33774              | <u>.</u>                 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) |  |                          |
| The name and the Florida street address of the re  | egistered agent are:                             | TAI SE                   |
| Anthony Russe<br>Name  | <u> </u>   | FIL<br>CRETAN<br>CARASS  |
| 11211 Regal Lane   | (0.0 p. Nom. (1.)                                | T RED                    |
| Largo,   | ress (P.O. Box <u>NOT</u> acceptable)  FL 3377 4 | 2: 37<br>STATE<br>LORIDI |
| City, Sta  | ite, and Zip                                     | <i>P</i>                 |

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)

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: |                   |  |
|--|-------------------|--|
| Title:   | Name and Address: |  |

| "MGR" = Manager<br>"MGRM" = Managing Member |   |
|---|---|
| MGRM  | Anthony Russon 11211 Regal Lone Longo, FL, 33774  |
| MFRM  | Tim Wyck.ff 1108 N. 6th Street Nashville TN 37207 |
|   |   |
|   |   |

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_\_\_ (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.)

Anthony Russon
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)

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