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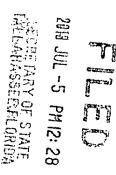
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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JUL 0 8 2013 D. BRUCE CUTEINEDITER

TQ:

Registration Section

D	ivision of	Corporations					
SUBJECT	Graci	ous Bits Studio LLC					
SUBJECT	•	Name of Limited I	Liability Compa	ıny			
The enclos	ed Article	s of Organization and fee(s) are sub	mitted for filing	3 .			
Please retu	rn all corr	espondence concerning this matter t	to the following	:			
Pe	edro A. L	.opez					
		Na	me of Person				
Gı	racious	Bits Studio LLC					
		Fi	rm/Company				
32	201 Aza	lea Circle					
			Address				
Lyn	n Have	n Florida 32444			,		
gra	aciousbi	City/Si ts@gmail.com	tate and Zip Code	;			Carcal S.
	· · · · · · · · · · · · · · · · · · ·	E-mail address: (to be used for f	uture annual repo	rt notification)	表至	1	E.
For further	informati	on concerning this matter, please ca	11:		038 220	ري. دي	E A
Pedro A	. Lopez		787	685-0421	FLOR	PH 12: 21	d de
	Na	me of Person	Area Code	& Daytime Telep	phone Number	28	
Enclosed	is a checl	k for the following amount:					
\$125.00 Fi	ling Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	py	\$160.00 Filing Certificate of Sta Certified Copy (additional copy is a	atus &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporations wilding centive Center Core, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

3201 Azalea Circle Lynn Haven, Florida 32444 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	ARTICLE I - Na The name of the I		y Company is:	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: 3201 Azalea Circle Lynn Haven, Florida 32444 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: Registered Agents Inc.	Gracious Bits S	tudio LLC		
The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 3201 Azalea Circle Lynn Haven, Florida 32444 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: Registered Agents Inc.	(N	Aust end with the wor	rds "Limited Liability Company, "L.L.C.," or "LLC.")	
3201 Azalea Circle Lynn Haven, Florida 32444 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: Registered Agents Inc.			dress of the principal office of the Limited L	iability Company is:
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: Registered Agents Inc.	Principal Office	Address:	Mailing Address:	
(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: Registered Agents Inc. Name 3030 N. Bocky Point Dr. STE 1504				4
Registered Agents Inc. Name 3030 N. Bocky Point Dr. STE 1504	(The Limited Liability	Company cannot serv	ve as its own Registered Agent. You must designate an indiv	vidual or another
Registered Agents Inc. Name 3030 N. Bocky Point Dr. STE 1504	The name and the	Florida street a	ddress of the registered agent are:	
Name 3030 N. Bocky Point Dr. STE 1504		Registered /	Agents Inc.	35 P I I I I I I I I I I I I I I I I I I
THE TENTON OF TH		3030 N. Roc	•	
Florida street address (P.O. Box NOT acceptable) Tampa 33607			33607	: 28 RIDA
City, State, and Zip			City, State, and Zip	

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.

Dan Keen-President

(CONTINUED)

tegistered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM	Pedro A. Lopez
	3201 Azalea Circle
	Lynn Haven FL 32444
MGRM	Maribel Lopez
	3201 Azalea Circle
	Lynn Haven FL 32444
(Use attachment if necessary)	
	han the date of filing: 6/28/2013 N/AP.A.L. (OPTIONA must be specific and cannot be more than five business day
CLE V: Effective date, if other the factive date is listed, the date is	
CLE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	must be specific and cannot be more than five business day
CLE V: Effective date, if other the ffective date is listed, the date of days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with sections of the constitutes an affirmation of a days after the date of filing.)	must be specific and cannot be more than five business day member or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are une. See information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)