## 117000116234

(Requestor's Name)				
(Address)				
(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:				
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Shivers AUG 1.9 2013

## **COVER LETTER**

TO:	Registration S Division of Co					
		Studio LLC				
SUBJ	ECT:	Name of Limit	ted Liability Con	mpany		
The en	nclosed Articles o	f Organization and fee(s) are	submitted for fi	ling.		
Please	return all corresp	ondence concerning this mat	ter to the follow	ing:		
	Eileen DiTul	lio				
			Name of Person	1		
	Wildfire Stud	oit				
			Firm/Company			_
	4331 Windir	ig Pl				
			Address		<del></del>	
	Ft Pierce, Fl	34981				
÷	ditullioe@ao		ty/State and Zip C	Code		_
		E-mail address: (to be used	for future annual	report notification)	· .	
For fu	rther information	concerning this matter, please	e call:		AS TO	
Eile	en DiTullio		772 at (	201-6860	AUG	1
	Name	of Person	Area C	Code & Daytime Telep	E S	pt-occur
Enclo	sed is a check for	or the following amount:			FES	-
□\$125.00 Filing Fee □\$136 Cert		■\$130.00 Filing Fee & Certificate of Status	Certified		\$160.00 Fitting Fe, Certificate of Status of Certified Copy (additional copy is enclose	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regis Divisi Clifto 2661	t/Courier Address tration Section ion of Corporations in Building Executive Center Consessee, FL 32301	ircle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

of the Limited Liability Company is:  dress:  egistered Agent's Signature: bust designate an individual or another  at are:
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<b>2</b> 8 5 ***
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NOT acceptable)
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of process for the above stated limited
I hereby accept the appointment as gree to comply with the provisions of
RICE IO COMBIN WILL DIE DIOVINION DI
ice ate,

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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					
"MGRM" = Managing Member					
MGR	Eileen DiTullio				
	4331 Winding Pl				
	Ft Pierce, Fl 34981				
	A STATE OF THE STA				
<del></del>					
(Use attachment if necessary)					
ARTICLE V: Effective date, if other th	an the date of filing: (OPTIONAL)				
	must be specific and cannot be more than five business days				
orior to or 90 days after the date of fili	ng.)				
<b>REQUIRED SIGNATURE:</b>	AHA SO THE				
ME OF THE STATE OF	SS N				
7					
	While Is a m				
Signature of a r	Signature of a member or an authorized representative of a member				
	on 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.				
	information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)				
Eileen DiTu					
	Typed or printed name of signee				
	Types of 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)