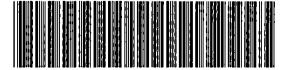
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(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	·
(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
	,	

Office Use Only



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COVER LETTER

	egistration Section ivision of Corporations			
SUBJECT	Foreign Boy En	tertaini	ment	
SUBJECT	· • — — — — — — — — — — — — — — — — — —	Limited Liabili		
The enclos	sed Articles of Organization and fee(s	s) are submitted	for filing.	EB 18
Please retu	rn all correspondence concerning thi	s matter to the	following:	
	Willie Smith Jr			当当
		'Name of	Person	ا آ آ آ آخریک پر اینکار پر اینکار
	Foreign Boy Ent	ertainn	nent	
		Firm/Co	mpany	
	1911 Mullet LK	PK RD		
		Addr	ess	
	Geneva FI			
		City/State an	d Zip Code	
	Foreignboyvision@gm		or future annual report notific	ation)
E 6 4			or future annual report notine	auon)
	information concerning this matter,		0001010	
Lakis	sha Williams	, <u>585</u>	,8024040	
	Name of Person	Area Code	Daytime Telephone Nur	nber
Enclosed i	s a check for the following amount:			
\$125.00 F	siling Fee \$130.00 Filing Fee & Certificate of Status	Certif	ied Copy al copy is enclosed) Cer	0.00 Filing Fee, rtificate of Status & tified Copy ional 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 Circle Tallahassee, FL 32301	e

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Foreign Boy Entertainme	ont L.L.C	
	(Must end with the word	s "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Ad The mailing addres		principal office of the Limited Liability Company is:
Principal Office A		Mailing Address:
1204 S.Park Ave		1911 Mullet Ik pk rd
Sanford FI		Geneva FI
32771		32732
	1204 S. Park Ave.	Name
	Florida street address	s (P.O. Box <u>NOT</u> acceptable)
	Santora	FL FI
	City	Zip
Having been name		o accept service of process for the above stated limited liability company at
the place design capacity. I furthe	er agree to comply with the d I am familiar with and ac	ereby accept the appointment as registered agent and agree to act in this provisions of all statutes relating to the proper and complete performance recept the obligations of my position as registered agent as provided for in Chapter 605, F.S ent's Signature (REQUIRED)

Page 1 of 2

FILE AT 0 41
ECRETAN SESTANS
ALLANCESSE FILENCY

<u> Citle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
Ambr	Willie smith jr
	1911 mullet lk pk rd
	geneva fi 32732
ambr	stanley bryant
	1204 s. park ave
	sanford fl 32771
mgr	takisha williams
<u> </u>	1204 s. park ave
	sanfotd fi
 	
-	ate of filing:(OPTIONAL)
	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date citive date is listed, the date must be of filing.)	
E V: Effective date, if other than the date of the date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date extremely date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a in the extremely department of the extremely department o	
E V: Effective date, if other than the date extremely date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a in the extremely department of the extremely department o	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State

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)

ARTICLE IV-

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