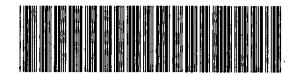
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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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. (Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

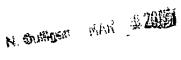


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SECRETARY OF STATE IALLAHASSEE, FLORIDA

FEB 23 PH 12: 08



## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	David Ferman Entertainment LLC.
	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	David Ferman Name of Person
	David Ferman Entertainment. LLC. Firm/Company
	Firm/Company
	2789 Kelsey Place Address
	Jacksonville FL 32257  City/State and Zip Code  David ferman juggler e gmail. com  E-mail address: (to be used for future annual report notification)
	City/State and Zip Code
	Davidtermanjugglere gmail.com
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
Da	VID Ferman at 904 553-2192  Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclosed	l is a check for the following amount:
<b>3 \$</b> 125.00	Filing Fee \$\times 130.00\$ Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$\times 155.00\$ Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)

Malling 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
David Ferman Entertainment, LLC.
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  2789 Kelsey Place  Jacksonville FL 32257  Mailing Address:  2789 Kelsey Place  Jacksonville FL 32257  Jacksonville FL 32257
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 nother business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Leonard Ferman 置題
Leonard Ferman  2789 Kelsey Place  238 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Florida street address (P.O. Box NOT acceptable)
Jacksonville FL 32257 City Zip
City Zip 2:
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 605/F.S  Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	David Ferman 2789 kelser Place
	Jacksonville FL 32257
(Use attachment if necessary)	a of filing: (OPTIONAL)
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.)	e of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 days at
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) CLE VI: Other provisions, if any.	e of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 days at
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