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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO: Registration Division of	n Section Corporations		
SUBJECT: Muldo	on Studios LLC Name of Lir	nited Liability Company	<del></del>
The enclosed Articles	s of Organization and fee(s) a	re submitted for filing.	
Please return all corre	espondence concerning this m	atter to the following:	
STEVE	N J MULDOON	Name of Person	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
<u>.4915</u>	Rattlesnake	Hammock Rd. ST Address	TE. 151
Napl	es FL 34113		•
		ity/State and Zip Code	
kcc1@comcas	E-mail address: (to be used	d for future annual report notifica	ntion)
For further information	on concerning this matter, plea	ase call:	
KEN CHIO Nar	ne of Person	248 ) <u>921-6213</u> Area Code Daytime Te	lephone Number
Enclosed is a check for	or 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, Certificate of Status & Certified Copy (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 Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Muldoon Studios LLC. (Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:	
Principal Office Address: 4915 Rattle Snake	Mailing Address: 4915 Rattle Snake Hamn	nock RO
Hammock Rd. STE. 151 Vapies FL 34113	Naples FL 34113	<del></del>
ARTICLE III - Registered Agent, Registered Office,	6 Danistana d Amerika Cimmatana	
(The Limited Liability Company cannot serve as its own another business entity with an active Florida registratio	Registered Agent. You must designate an indi	ividual or
(The Limited Liability Company cannot serve as its own	n Registered Agent. You must designate an indi on.)	2815
(The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate an indi on.) d agent are:	2815 AFR
(The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.)  The name and the Florida street address of the registered STEVEN J MULDOON Name	Registered Agent. You must designate an indion.) I agent are:  C. Hammock Rd STE. 151	2815

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..

ure (REQUIRED)

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized Me	Name and Address:
'MGR" = Manager	inoci
AMBR	STEVEN J. MULDOON
	4915 Rattle Snake Hammock
	KCL STE. 151
	Naples FL 34113
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	A Company of the Comp
V: Effective date, if other ctive date is listed, the date	than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days prior to or
Use attachment if necessary  CV: Effective date, if other ctive date is listed, the date filling.)  CVI: Other provisions, if an	than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days prior to or
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ARTICLE IV-