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(Requestor's Name)						
(Address)						
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(City	/State/Zip/Phone	#)				
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(Bus	iness Entity Nam	ne)				
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JUN 16 2015 W PAINTED 6/8/15

To Whom It May Concern:

My name is Barbara Whitt Hogan. Enclosed are:

- 1. Cover Letter
- 2. Pages 1 and 2 of the Articles of Organization for LLC
- 3. A check for \$125.00 Filing fee and \$60 for Two (2) Certified Copies of the Articles of Incorporation.

Please mail the copies to: Barbara Hogan (Registered Agent)

1731 S. Orange Ave. Orlando, FL. 23806

Thank you for your assistance in this matter.

Barbara Whitt Hogan

COVER LETTER

	Registration S Division of Co								
CHRIFC	Megatonn	3D, LLC							
SUBJECT: Name of Limited Liability Company									
The encle	osed Articles o	f Organization and fee(s)	are submitted	for filing.					
Please re	turn all corresp	ondence concerning this	matter to the i	ollowing:					
	Martin P. H	ogan, Esq.							
			Name of	Person					
	Hogan & Pr	ritchard, PLLC							
			Firm/Co	mpany					
	11350 Random Hills Road, Suite 800								
			Addr	ess					
	Fairfax, VA	22030							
		0	City/State an	d Zip Code					
	mphoganlaw	E-mail address: (to be us	ed for fiture a	nnual report notificati	on)				
For further	r information c	oncerning this matter, ple		·	,				
Martin Hogan 571				277-7419					
	Nai	me of Person	Area Code	Daytime Telephon	e Number				
Enclosed	l is a check for	the following amount:			- ۱ «هه سنتان	in the same			
	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certifi	00 Filing Fee & led Copy al copy is enclosed)	\$160.00 Filing Certificate of \$ Certified Copy (additional copy in	triclosed)			
	Regis Divis P.O.	ing Address stration Section ion of Corporations Box 6327 hassee, FL 32314		Street Address Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle	STATE OF THE STATE			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	y Company is:			
Megatonn 3D, LLC				
(Must end	with the words "Limited	l Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	office of the Limited	Liability Company is:	
Principal Office Address:			Mailing Address	<u>s</u> :
Orlando, FL 32806			South Orange Avenue do, FL 32806	**************************************
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its own active Florida registration	Registered Agent. \on.)	t's Signature: 'ou must designate an indiv	ridual or
	Barbara Whitt Hogar	n		
		Name		
	1731 South Orange	Avenue	7740	
	Florida street addres		ceptable)	
	Orlando	FL	32806	
	City	State	Zip	
Having been named as registered place designated in this certificate further agree to comply with the part am familiar with and accept the old	, I hereby accept the approvisions of all statutes rollingations of my position	pointment as registere relating to the proper as registered agent of	ad agent and agree to act in and complete performance as provided for in Chapter 60	this capacity. I of my duties, and I
		(CONTINUED)		•
		Page 1 of 2		15 JUN 11 AH 9: 43

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager **AMBR** Matthew Hogan CEO / Director of Marketing 102 South Lakewood Avenue Ocoee, FL 34761 **AMBR** John Jax Jackman Vice President / Creative Director 916 Linton Avenue Orlando, FL 32809 Martin P. Hogan Director Legal Affairs **AMBR** 4020 North Washington Blvd #204 Arlington, VA 22201 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE:

Signature of a member of an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

MATT/IEW INGAW. CEC.
Typed or 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)

Page 2 of 2