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SECRETARY OF STATE TALLAHASSEE, FLORIDE

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COVER LETTER

TO: Registration Section Division of Corporations	
Entertainment Manufacturing, SUBJECT:	LLC
	ited Liability Company
Dear Sir or Madam:	
The enclosed Statement of Authority and fee(s) are so	ubmitted for filing.
Please return all correspondence concerning this matt	er to the following:
Michael Scott, Esq.	
" Name of Person	
The Dorcey Law Firm, PLC	
Firm/Company	
10181 Six Mile Cypress Pkwy, Suite C	
Address	•
Fort Myers, FL 33966	
City/State and Zip Code	
mike@dorceylaw.com	•
E-mail address: (to be used for future annua	report notification)
For further information concerning this matter, please	call:
Michael Scott	239 418-0169
Name of Person	Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

2661 Executive Center Circle

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

NAME OF LLC: ENTERTAINMENT MANUFACTURING, LLC THE FLORIDA LLC DOCUMENT NUMBER: PRINCIPAL OFFICE ADDRESS: 13351 SADDLE ROAD, SUITE 205 FORT MYERS, FL 33913 MAILING ADDRESS: 13351 SADDLE ROAD, SUITE 205 FORT MYERS, FL 33913 Below is the authority given to each Member of the LLC. If a Member has unlimited authorization, the option "All Authorization Options Listed Below Apply to Him/Her (Unlimited Authority)" will be selected. A separate sheet of paper will be attached if a Member has been given specific authority to an option not listed in this form. **MEMBERS:** Member #1 NAME: RYAN BRINGARDNER **ADDRESS: 13351 SADDLE ROAD, SUITE 205** FORT MYERS, FL 33913 All Authorization to act on behalf of the LLC, including but not limited to Options Listed Below (Unlimited Authority). He/She has Authority to Execute an Instrument Conveying (Sale/Lease) Real Property Owned by the LLC. He/She has Authority to Purchase Property in the Name of the LLC. He/She has authority to Enter into Contract(s) for the Maintenance/ Improvement of Real Property. He/She has authority to Open Bank Account(s) in Name of the LLC. He/She has authority to Close Bank Account(s) Owned by the LLC. He/She has authority to Use, Execute, Negotiate, and/or Assign LLC Debit/Credit

Cards and/or other instruments of payment on behalf of the LLC.

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	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Personal
Prop	erty (Ex: Vehicles/Equipment).
	He/She has authority to Enter into Contract(s) for the Purchase of Personal
Prop	erty (Ex: Vehicles/Equipment).
	He/She has authority to Enter into Contract(s) for the Purchase of Supplies.
	He/She has authority to Enter into Contract(s) for the Purchase of Material(s).
	He/She has authority to Enter into Contract(s) for the Purchase of Merchandise.
	He/She has authority to Enter into Contract(s) for the Purchase of Services.
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Supplies.
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Material(s).
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's
Merc	handise.
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Services.
	He/She has authority to Enter into and maintain Contract(s) for Insurance Services
on be	half of the LLC.
	He/She has authority to File Annual Reports with State of Florida.
	He/She has authority to Amend Annual Reports with State of Florida.
	He/She has authority to File Statement of Authority(s) with State of Florida.
	He/She has authority to Amend/Cancel/Renew Statement of Authority(s) in State of
Flori	da.
	He/She has authority to Amend Articles of Organization.
Men	ıber #2
NAM	E: KEVIN KIRCHNER
ADD	RESS: 13351 SADDLE ROAD, SUITE 205
	FORT MYERS, FL 33913
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	He/She has authority to Close Bank Account(s) Owned by the LLC.
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	He/She has authority to Amend/Cancel/Renew Statement of Authority(s) in State of	
Florid	a.	
	He/She has authority to Amend Articles of Organization.	
	iger #3	
NAMI	E: JOHN IRVIN	
SPEC	IFIC TITLE: OFFICE MANAGER	
ADDRESS: 13351 SADDLE ROAD, SUITE 205		
	FORT MYERS, FL 33913	
	All Authorization to act on behalf of the LLC, including but not limited to Options	
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	He/She has authority to Amend Articles of Organization.
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By: <u>₹</u>	Some of the same o
Print N	Vame: RYAU BRINGARDNER
Title:	MANAGER

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