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COVER LETTER

Division of Corporations
SUBJECT: Home Pole Studios. Com LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Farley Griner Name of Person
Home Pole Studios. com LLC
390 Autumn Breeze Way
City/State and Zip Code Farley. Griner @ gmail. Com E-mail address: (1) be used for future annual report notification)
For further information concerning this matter, please call: Farley
Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & S160.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee. Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

EFFECTIVE DATE 11/13/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	FILED
(Must end with the words "Limited Liability Con	vdios.com UCECHETARY OF STATE
ARTICLE II - Address: The mailing address and street address of the principal office of the Lie	nited Liability Company is:
Principal Office Address:	Mailing Address:
390 Autumn Breeze Way Winter Park & 32792	Same
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Agenother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Farley Gr Jame 390 Autumn	Breeze Way
Florida street address (P.O. Box N	OT acceptable)
Winter tack F	32792 Zip
Having been named as registered agent and to accept service of process folace designated in this certificate, I hereby accept the appointment as registrere agree to comply with the provisions of all statutes relating to the pain familiar with and accept the obligations of my position as registered a Registered Agent's S	ristered agent and agree to act in this capacity. I roper and complete performance of my duties, and I
(CONTINU	ED)

Page 1 of 2

Title: "AMBR" = Authorized Me	Name and Address:
"MGR" = Manager	Jamua Aviles 2804 E. Jefferson St. Orlando F. 32803
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(Use attachment if necessar	· ·
fective date is listed, the dat of filing.) If the date inserted in this blo	than the date of filing: $\frac{11/13/2015}{0.00000000000000000000000000000000000$
ective date is listed, the dat of filing.) If the date inserted in this bloment's effective date on the	e must be specific and cannot be more than five business days prior to or 90 cek does not meet the applicable statutory filing requirements, this date will not be Department of State's records.
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REOUIRED SIGNATURE Signa This docum I am aware constitutes a	e must be specific and cannot be more than five business days prior to or 90 ceck does not meet the applicable statutory filing requirements, this date will not be Department of State's records. y. E: Atture of a member or an anthorized representative of a member. The time of the secondaries with section 605.0203 (1) (b), Florida Statutes, that any false information submitted in a document to the Department of State at third degree felony as provided for in s.817.155, F.S.
REOUIRED SIGNATURE Signa This document a may a ware constitutes a	e must be specific and cannot be more than five business days prior to or 90 cek does not meet the applicable statutory filing requirements, this date will not be Department of State's records. y. E: Atture of a member or an anthorized representative of a member. Benefit is executed in accordance with section 605.0203 (1) (b), Florida Statutes. That any false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155, F.S. Typed or printed name of signce Filing Fees: Tricles of Organization and Designation of Registered Agent Optional)

The name and address of each person authorized to manage and control the Limited Liability Company:

· ARTICLE IV-