

L16XXXX045/58

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

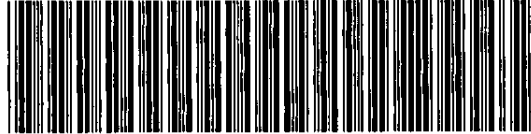
(Document Number)

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16 FEB 29 PM 4:41
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FBI - NEW YORK

MAR 7 2016

S. GILBERT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SLINGSHOT STUDIOS 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:

JOSHUA REA
Name of Person

SLINGSHOT STUDIOS LLC
Firm/Company

800 INVERNESS AVENUE
Address

MELBOURNE, FL 32940
City/State and Zip Code

REAJOSH@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSHUA REA at (256) 328-5324
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

16 FEB 29 PM 4:41

SLINGSHOT STUDIOS LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

STATE
FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

800 INVERNESS AVENUE
MELBOURNE, FL 32940

800 INVERNESS AVENUE
MELBOURNE, FL 32940

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 another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

JOSHUA REA

Name

800 INVERNESS AVENUE

Florida street address (P.O. Box **NOT** acceptable)

MELBOURNE FL

City

State

32940

Zip

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)

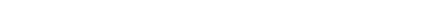
The name and address of each person authorized to manage and control the Limited Liability Company:

AMBR

AMBR

Joshua Rea
800 Inverness Avenue
Melbourne, FL 32940

Kelly Rea
800 Inverness Avenue
Melbourne, FL 329140



JOSHUA REA

\$ 5.00 Certificate of Status (Optional)