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COVER LETTER

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TO: New Filing Section Division of Corporations	**
SUBJECT: Top Hatter Enter Name of	Limited Liability Company
The enclosed Articles of Organization and fee(s	are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Austin Kumphs	e45
Top Katter En	tertainment UC
<i>,</i>	Firm/Company
4144 Parkway	Blod.
	Address
Land O' Lakes	FL 34639
too hatter balloons @ 91	FL 34639 City/State and Zip Code ma, l. Com sed for future annual report notification)
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, pl	ease call:
Auctin Hunchreus	(813) 802-2323
Name of Person	(<u>\$13</u>) <u>\$02 - 2323</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee S Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section Division of Corporations	New Filing Section Division of Corporations
P.O. Box 6327	Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Top Hatter Entertainment LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
4144 Parkung Blud	22604 Vatersedge Blud
Land O Lakes FL 34639	Unit # 158
	Land O Lakes FL 34639

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:

Austin Hunghreys
Name
7652 Grasmere Dr.
Florida street address (P.O. Box NOT acceptable)

Land Olakes FL 34637
City State 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..

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(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Aug (by Markey)
MER	Austin Humphreys
	Land O Lakes FL 34637
MGR	Lessica Doraw
	7443 Citra Blosson DI.
	Land O' Lakes, FL 34637
 	
Use attachment if necessary)	
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