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(R	equestor's Name)
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PICK-UP	WAIT MAIL
(B	dusiness Entity Name)
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Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
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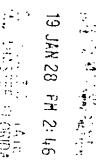
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COVER LETTER

	w Filing Section vision of Corporations		
SUBJECT:	Yodanis Studios. LLC		
SUBJECT.		Limited Liability Company	_
The enclose	ed Articles of Organization and fee(are submitted for filing.	
Please retur	n all correspondence concerning th	matter to the following:	
	Bruce Yodanis		
		Name of Person	
	YodanisStudios		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	6310 2nd St unit 5		
		Address	
	Stock Island, Florida, 33040		
	odanisart@hotmail.com	City/State and Zip Code	
_	- 	sed for future annual report notification)	
For further in	iformation concerning this matter, p	ease call:	
	Bruce A. Yodanis	561 889-7036	
	Name of Person	Area Code Daytime Telephone Number	
Enclosed is	a check for the following amount:		
	ling Fee \$130.00 Filing Fee Certificate of Statu	Certified Copy Certific (additional copy is enclosed) Certified	Filing Fee, ate of Status & d Copy d 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

Yodanis Studios,			10 10 10 10 10 10 10 10 10 10 10 10 10 1
(Must c	ontain the words "Limited	Liability Company, "I	L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and stree	et address of the principal o	office of the Limited L	iability Company is:
<u>Prin</u>	cipal Office Address:		Mailing Address:
6310 2nd St unit 5	;	6310 2	2nd St unit 5
Stock Island, Flor	rida	Stock	Island, Florida
33040		33040	
ARTICLE III - Registered			
	any cannot serve as its owr an active Florida registration	n Registered Agent. Yo on.)	's Signature: ou must designate an individual or
The Limited Liability Compa mother business entity with a	any cannot serve as its own an active Florida registration eet address of the registered	n Registered Agent. Yo on.)	
The Limited Liability Compa mother business entity with a	any cannot serve as its own an active Florida registration eet address of the registered	n Registered Agent. Yo on.) d agent are:	
The Limited Liability Compa mother business entity with a	any cannot serve as its own an active Florida registration active Florida registered address of the registered Bruce A. Yodanis 6310 2nd St unit 5	n Registered Agent. Yo on.) d agent are:	ou must designate an individual or
The Limited Liability Compa mother business entity with a	any cannot serve as its own an active Florida registration active Florida registered address of the registered Bruce A. Yodanis 6310 2nd St unit 5	n Registered Agent. Yoon.) d agent are: Name	ou must designate an individual or

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 4s provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

(Use attachment if necessary) E. V: Effective date, if other than the date of filing: (OPTIONAL) service date is listed, the date must be specific and cannot be more than five business days prior to or 90 dr filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. E. VI: Other provisions, it any. REQUIRED SIGNATURE: Signature of a member or an accordance with section 605.0203 (1) (b). Florida Statutes. 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. Bruce A. Yodanis 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)	<u>Title:</u> "AMBR" = Authorized	d Member	Name and Address:	
(Use attachment if necessary) E. V: Effective date, if other than the date of filing: crive date is listed, the date must be specific and cannot be more than five business days prior to or 90 d of filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not b ment's effective date on the Department of State's records. E. VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an analysis of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. 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. Bruce A. Yodanis Typed or printed name of signee Filing Fees: \$ 30.00 Certified Copy (Optional)				
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(Use attachment if necessary) E. V: Effective date, if other than the date of filing:				•
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