## L20000373046

(Re	equestor's Name)	
(Ac	(dress)	
(Ac	łdress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
ertified Copies	_ Certificates	s of Status
Special instructions to	Filing Officer	
	Office Use On	ly



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 541000 8301387
AUTHORIZATION: Sprelle Reas
COST LIMIT : \$ 125.00
ORDER DATE : December 7, 2020
ORDER TIME : 1:13 PM
ORDER NO. : 541000-005
CUSTOMER NO: 8301387
DOMESTIC FILING
NAME: 100% ENTERTAINMENT, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Eyliena Baker - EXT.
EXAMINER'S INITIALS:

## COVER LETTER

TO;	New Filing Section Division of Corporations			
SUBJEC	100% Entertainment, LL	.C		
		e of Limited Li	ibility Company	
The encl	osed Articles of Organization and fo	ce(s) are submi	ted for filing.	
Please re	turn all correspondence concerning	this matter to t	re following:	
	Stanley Isaues			
		Name	of Person	
		Firm	Company	
	851 N.E. 1st Avenue - π33	310		
		Α	ldress	
	Miami, FL 33132			
	sisaaes [00kg mac com	City State	and Zip Code	
	E-mail address; (to be	e used for futur	e annual report notifica	tion)
or further	information concerning this matter,	please call:		
	Stanley Israes	323 at (	630-0632	
	Name of Person	Area Code	Daytime Telephor	ne Number
Imclosed (	s a check for the following amount:			
1.18125.00	) Filing Fee	is Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	### List 160,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address	
	New Filing Section Division of Corporations		New Filing Section Da The Centre of Tallaha	
	P.O. Box 6327		2415 N. Monroe Stree	et, Sunc 810
	Tallahassee, FL 32314		Tallahassee, FL 3230	

A

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ty Company is:				
100%	Entertainment, LLC				
(Must cont	ain the words "Limited	Liability Company	r. "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street a	ddress of the principal	office of the Limite	d Liability Company is:		
<u>Princip</u>	al Office Address:		Mailing Addre	<u>ess</u> :	
851 N.E. 1 Avenue	:-#3310	8	51 N.E. 1 Avenue - #3310		
Miami, FL 33132			liami FL 33132		
another business entity with an a	address of the registere Stanley Isaacs	od agent are:  Name			2020 DEC _ 7
	851 N.E. I Avent Florida street addre		acceptable)		1
	Miami	FI.	33132	PH 4:4	, 
	City	State	Zip		
laving been named as registered of blace designated in this certificate, further agree to comply with the pr im familiar with and accept the ob	I hereby accept the approvisions of all statutes in digations of my position	pointment as registe relating to the prope as registered agen	red agent and agree to act is rr and complete performance as provided for in Chapter ture (REQUIRED)	lity company at the 🔍 in this capacity. T e of my duties, and T	

## ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Stanley Isaacs 851 N.E. 1 Avenue - #3310
	Miami, FL 33132
	<del> </del>
(Use attachment if necessary)	
he date of filing.)	be specific and cannot be more than five business days prior to or 90 days aft is not meet the applicable statutory filing requirements, this date will not be listed timent of State's records.
RTICLE VI: Other provisions, if any, N/A	
REQUIRED SIGNATURE:	Mu
Signature o This document is I am aware that an	of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
Signature o This document is I am aware that an	executed in accordance with section 605.0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
Signature of This document is I am aware that an constitutes a third	executed in accordance with section 605.0203 (1) (b). Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
Signature o This document is I am aware that an constitutes a third	executed in accordance with section 605.0203 (1) (b). Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.

as

\$125.00 Filing Fee for Articles of Organ
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)