Division of Corporations **Electronic Filing Cover Sheet**

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(((H21000287374 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (800)221-2972

Fax Number : (917)243-5843

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail	Address:	

FLORIDA LIMITED LIABILITY CO.

Space Planet Studios LLC

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Certificate of Status	0
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August 4, 2021

- 1 TO A MANAGE AND ASSESSED - 1 OF FLORIDA DEPARTMENT OF STATE 1 1 TO THE STATE 1 TO THE STATE

BLUMBERG EXCELSIOR CORPORATE SERVICES UNC.

SUBJECT: SPACE PLANET STUDIOS LLC

REF: W21000108817

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

... If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott ._.Regulatory_Specialist_II____ Letter Number:_021&00018403. New Filings Section

FAX Aud. #: H21000287374

ARTICLES OF ORGANIZATION FOR FLORIDALIMY(ED LIABILITY COMPANY

Space Planet Studios LLC (Must end with the words "Limited"	Liability Company, "L.I.C.," or "LLC.")
ICLE II - Address: nailing address and street address of the principal of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11152 Brandywine Lake Way	11152 Brandywine Lake Way
Boynton Beach, FL. 33473	Boynton Beach, FL. 33473

Chase Curran

Name

11152 Brandywine Lake Way

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

Boynton Beach FL 33473

City State Zip

SECTION OF STATE

Having heen 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)

Page 1 of 2

<u> Fitle:</u>		Name and Address:
	thorized Member	
MGR" = Man		
AMBR	 .	Chase Curran
		11152 Brandywine Lake Way
		Boynton Beach, FL. 33473
		
		
V: Effective ctive date is li filing.)	sted, the date must be specific a	ng: (OPTIONAL) and cannot be more than five business days prior to or 90
EV: Effective etive date is li filing.) the date insertunit's effective	date, if other than the date of filing sted, the date must be specific and in this block does not meet the date on the Department of State	and cannot be more than five business days prior to or 90 e applicable statutory filing requirements, this date will no
EV: Effective etive date is li filing.) the date insertunit's effective	date, if other than the date of filir sted, the date must be specific a ed in this block does not meet th	and cannot be more than five business days prior to or 90 e applicable statutory filing requirements, this date will no
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