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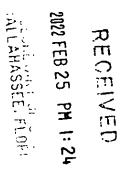
		
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: CAPITAL Group Entertainment LLC. Name of Limited Liability Company
The enclosed Articles of Organization and tee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lethel CArter
Name of Person
CAPITAL Group Entertainment LC
360/TyHle Ruft Blyd unit 535
COPITAL SPICES, FL 33067 City/State and Zip gode CAPITAL GIDUPENTERTAINMENTIC Q gin ile (OM) E-mail address: (to be used for future annual report notification)
CAPITAL OCOUPENITE CHAINMENTING OF AMILLOM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Leethel Carter at 170 B65 - 367/ Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□S125.00 Filing Fee □S130.00 Filing Fee & □S155.00 Filing Fee & □S160.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR'	HCI	LE I	- Name:

The name of the Limited Liability Company is:

CAPITAL Group Futertainment LLC.

(Miss 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:
3601 Tu Ho Rou Blod	
11 Lit 535	
COPAL SOLINOS, FL 37067	

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:

Name

360/ Tiethe Run Blue 444535

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

CON Springe, FL 33067

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)



"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MCR	Lethol CArter 3601 Tuttle CYH Blydywit 535 CORPLEGISTS, FL 33067
(Use attachment if necessary)	
TCLE V: Effective date, if other than th	ne date of filing:
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Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)