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SECRETARY OF STATE SECRETARY OF STATE OF CONFORMATIONS

COVER LETTER

_	on Section of Corporations					
SUBJECT: A	DVENT STUDIOS, L.I	.C.				
		me of Limited Liability Company)				
Florida," Certific		imited Liability Company for Authorization to Transact Business in heck are submitted to register the above referenced foreign limited Florida				
Please return all o	correspondence concer	ning this matter to the following:				
	Christian	C. Creed				
		(Name of Person)				
	Creed & C	reed				
		(Firm/Company)				
	1805 Towe	r Drive				
(Address)						
	Monroe, L	A 71201				
(City/State and Zip Code)						
For further inform	nation concerning this	matter, please call:				
	B					
	Herb Hobg	ood at (318) 362-0086				
	(Name of Person)					
MAILIN	G ADDRESS:	STREET ADDRESS:				
	of Corporations	Division of Corporations				
P.O. Box	•	Clifton Building				
	ee, FL 32314	2661 Executive Center Circle				
		Tallahassee, FL 32301				
	ck for the following an Filing Fee \(\overline{X}\)\$130.00 F					

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a co	py of the	– e writt	
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limi Company," "L.L.C.," "LLC.")	led Liab	ility	
2. Louisiana (Jurisdiction under the law of which foreign limited liability company is organized) 3. 20-8449536 (FEI number, if applicable)		-	
4. June 8. 2006 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will exist or "perpetual")	cease to	_	
6. October 1, 2007			
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)			
7. 6572 Abercrombie Ct.	07	_:Y10 - S	
	SEP	NOIS CONS	
Orlando, FL 32835 (Street Address of Principal Office)			
3. If limited liability company is a manager-managed company, check here X	VH 10: 31	r corronalions	
. The name and usual business addresses of the managing members or managers are as follows:			
Patrick Dewey Horne		- -	
6572 Abercrombie Ct.			
Orlando, FL 32835		<u>-</u> _	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having cust the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign languant ranslation of the certificate under oath of the translator must be submitted.)		cords	
11. Nature of business or purposes to be conducted or promoted in Florida: Art		-	
1 Forts Stoom		_ •	
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)			

Patrick Dewey Horne
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

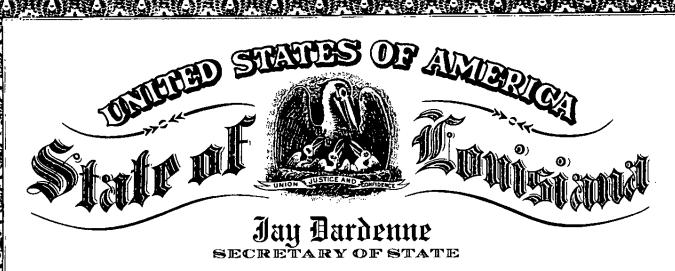
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

ADVENT STUDIOS, L.L.C. If name unavailable, the alternate name to be used in the state of Florida is:				
 	Patrick Dewey Horne (Name)		
	6572 Abercrombie Ct. Florida Street Address (P.O. B	Box NOT ACCEPTABLE)		
	Orlando F City/St	FL <u>32835</u> ate/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 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



As Secretary of State, of the State of Louisiana, I do hereby Certify that the Articles of Organization of

ADVENT STUDIOS, L.L.C.

Domiciled at WEST MONROE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on June 08, 2006,

I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seat of my Office to be affixed at the City of Baton Rouge on, September, 10, 2007

VSC 36202247K

Secretary of State

