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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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(Document Number)

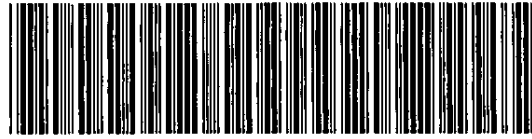
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EDGE

PUBLIC AFFAIRS

Don Madden
don@edgepublicaffairs.com
(407) 849-1235

January 18, 2013

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE: Articles of Organization – Jesmark Pictures LLC

Dear Sir/Madam:

Enclosed please find the following documents to be filed on behalf of Mark Shumard, as registered agent for Jesmark Pictures LLC:

1. Cover Letter (original plus 1 copy); and
2. Articles of Organization for Florida Limited Liability Company – Jesmark Pictures LLC (original plus 1 copy).

Also enclosed is a check in the amount of \$155.00 for the filing fee and fee to obtain a Certified Copy.

Should you have any questions, please do not hesitate to contact me at the phone number listed above or Mark Shumard at (407) 489-4556.

Sincerely,



Don Madden

EdgePublicAffairs.com

250 N. ORANGE AVE., SUITE 600
P.O. BOX 1751
ORLANDO, FLORIDA 32802-1751
PHONE 407.849.1235

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JESMARK PICTURES LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK SHUMARD

Name of Person

Firm/Company

588 ORANGE DRIVE, APT. 126

Address

ALTAMONTE SPRINGS, FL 32701-5336

City/State and Zip Code

mjshumard@gmail.com

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Mark Shumard

Name of Person

at (**407**) **489-4556**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jesmark Pictures LLC

(Must end with 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:

588 Orange Drive, Apt. 126
Altamonte Springs, FL 32701-5336

Mailing Address:

588 Orange Drive, Apt. 126
Altamonte Springs, FL 32701-5336

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:

Mark Shumard

Name

588 Orange Drive, Apt. 126

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

Altamonte Springs, FL 32701-5336

City, State, and 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, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Mark Shumard

588 Orange Drive, Apt. 126

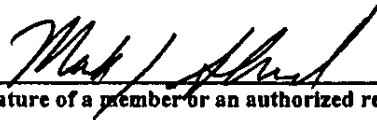
Altamonte Springs, FL 32701-5336

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Mark Shumard

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)

\$ 5.00 Certificate of Status (Optional)