

L14000015786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

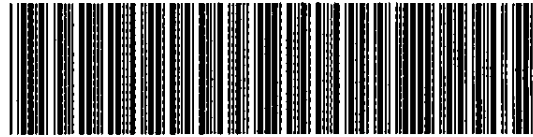
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800255275598

01/24/14--01026--015 \*\*160.00

FILED

2014 JAN 24 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 29 2013

T. HAMPTON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Interactive Theatre Group, L.L.C.**

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:

**Brent Kimball**

Name of Person

Firm/Company

**10133 Sweetleaf Street**

Address

**Orlando, Florida 32827**

City/State and Zip Code

**bankenyfl@gmail.com**

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

For further information concerning this matter, please call:

**Brian Ankeny**

Name of Person

at ( **407** ) **687-0789**

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

1/21/14

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

Dear Sir or Madam,

Please find enclosed the registration form for Interactive Theatre Group, LLC. It is our understanding that the Filing Fee, Certificate of Status, and Certified Copy will be covered by the enclosed \$160.00 check. Please send all relevant documents to the undersigned registered agent at the following address:

Interactive Theatre Group, LLC  
c/o Brent Kimball, Registered Agent  
10133 Sweetleaf Street  
Orlando, Florida 32827

In the event that there are any questions or concerns regarding the paperwork or the payment, please contact the undersigned registered agent at 407-637-0154 and we will work to correct any outstanding issues as quickly as possible.

Sincerely,



Brent Kimball

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Interactive Theatre Group, L.L.C.

(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:

Mailing Address:

Interactive Theatre Group, L.L.C., Attn: Brent Kimball, Registered Agent  
10133 Sweetleaf, Street  
Orlando, Florida 32827

Interactive Theatre Group, L.L.C., Attn: Brent Kimball, Registered Agent  
10133 Sweetleaf, Street  
Orlando, Florida 32827


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:

Brent Kimball  
Name  
10133 Sweetleaf Street  
Florida street address (P.O. Box **NOT** acceptable)  
ORlando FL 32827  
City 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 605, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2014 JAN 24 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Brian Ankeny

12964 Cozy Cove

El Paso, Texas 79938

AMBR

Robert Glasgow

13203 Plantation Lakes Cr

Sanford, Florida, 32771

(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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



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

(In accordance with section 605.0203 (1) (b), 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.)

BRIAN A. ANKENY

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)

2014 JAN 24 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED