

L23000238431

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

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

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RECEIVED
2023 MAY 15 PM 3:52
CORPORATIONS
TALLAHASSEE, FL

FLORIDA LIMITED LIABILITY CO.
Trinity Shot Productions LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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CORPORATIONS
TALLAHASSEE, FL
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ARTICLE I - ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Trinity Shot Productions 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:

Mailing Address:

2100 Constitution Blvd
Sarasota FL, 34231

2100 Constitution Blvd
Sarasota FL 34231

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:

Craig Shurn
Name

2100 Constitution Blvd
Florida street address (P.O. Box **NOT** acceptable)

Sarasota FL 34231
City **State** **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 (PRINTED)

(CONTINUED)

RegId2

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Craig Shurn

2100 Constitution Blvd

Sarasota FL 34231

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Craig Shurn

Typed or printed name of signer

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)

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TALLAHASSEE, FL

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eSignature Details

Signer ID:	zXaFdX3zuvgZUqcyhAqA9h9h
Signed by:	Craig Shurn
Sent to email:	craigshurn@parttwomedia.com
IP Address:	73.27.250.230
Signed at:	May 15 2023, 10:56 am EDT