

L15000075537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

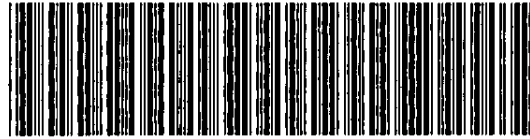
(Business Entity Name)

(Document Number)

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

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15 FEB 20 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers FEB 26 2015

Fritz Limousin  
(954) 471-4011  
2670 NW 62<sup>nd</sup> Terrance  
Sunrise, Fl 33313

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Sadiddy Entertainment**  
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:

Fritz Limousin  
Name of Person

Sadiddy Entertainment  
Firm/Company

2670 NW 62nd Terr.  
Address

Sunrise, FL 33313  
City/State and Zip Code

sadiddyent@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fritz Limousin at ( 954 ) 471-4011  
Name of Person 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:

Sadiddy Entertainment, 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:

<b><u>Principal Office Address:</u></b>	<b><u>Mailing Address:</u></b>
<u>2670 NW 62nd Terr.</u>	<u>2670 NW 62nd Terr.</u>
<u>Sunrise, FL 33313</u>	<u>Sunrise, FL 33313</u>

**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.)

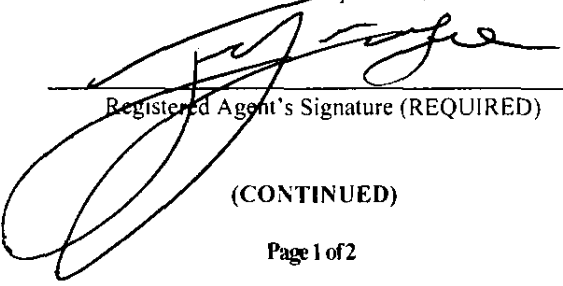
The name and the Florida street address of the registered agent are:

Fritz Limousin  
Name

2670 NW 62nd Terr.  
Florida street address (P.O. Box **NOT** acceptable)

Sunrise                      FL 33313  
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)

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ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member "MGR" = Manager MGR	Jamal Hamilton 991 NE 181 Street Miami, FL 33162
MGR	Pierre Boisrond 530-1 Palm Beach Street Tallahassee, FL 32310
AMBR	Martreace Jones 611 Hampton Circle Apt G Jackson, MS 39211

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: February 20, 2015. (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.)

Jamal Hamilton

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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