Bolding-Schaffer P	0	DO 1	240	_ ».		****
Requester's Name P, O, BOX 2422 Address Park Byach FL 32 City/State/Zip Phone #	348	<u> </u>	5 0000 30 -01/07/		015	
			Office Use Only			
CORPORATION NAME(S) & DOCUM	ŒNT					
1. <u>CO 789 - OO (O)</u> (Corporation Name) 2. (Corporation Name)	3- F	(Document #)		· - · .	· · · · · · · · · · · · · · · · · · ·	=
3(Corporation Name) 4(Corporation Name) Walk in Pick up time Mail out Will wait		(Document #) (Document #) Photocopy	☐ Certified C	^ >	FILED	
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AM	Amendment Resignation of R.A Change of Register Dissolution/Withdra Merger	ed Agent	or		
OTHER FILINGS Annual Report Fictitious Name		GISTRATION/QUA Foreign Limited Partnership Reinstatement Trademark Other	-	A 2/8	240	-
GD2F021/G/9G			Examiner's In	nitials		3

CR2E031(7/97)



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 12, 2000

BOLDING-SCHAFFER PRODUCTIONS, L.L.C. P.O. BOX 2422 PALM BEACH, FL 33480

SUBJECT: BOLDING-SCHAFFER PRODUCTIONS, L.L.C.

Ref. Number: W00000000964

We have received your document for BOLDING-SCHAFFER PRODUCTIONS, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges Document Specialist

Letter Number: 300A00001648

00 FEB -3 AM 8:5; SECRETARY OF STATE

ARTICLES OF ORGANIZATION PRINCIPAL LIMITED LIABILITY COMPANY

ARTICLE I - Name:	•
The name of the Limited Liability Company	is: Bolding-Schaffer Productions L.L.C.
	bolding-schaffer Productions h.b.c.
ARTICLE II - Address:	
The mailing address and street address of the	e principal office of the Limited Liability Company is: P.O. Box 2422
Wolliams Dr.	
Wellington, FL 33414	Palm Beach, FL 33480
ARTICLE III - Registered Agent, Registe	red Office, & Registered Agent's Signature:
The name and the Florida street address of the	ne registered agent are:
<u> Mark Bold</u>	ing
	Name
	temarsh Dr.
	dress (P.O. Box NOT acceptable)
Wellingto	
•	City, State, and Zip
registered agent and agree to act in this cap statutes relating to the proper and complete	this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
	UK/IL
	Registered Agent's Signature
Article IV - Management (Check box if The Limited Liability Company is to be therefore, a manager - managed company.	applicable.) e managed by one manager or more managers and is,
Man	st be added if an effective date is requested)
Signature of a memb	er or an authorized representative of a member.
(In accordance with see of this document constitute that the facts stated here.)	ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury trein are true.
Tyl	ed or printed nathe of signee

FILING FEES:
\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)