# EBP Requester's Name 8371 Nov. 11th Shrut Address Pembroka Pinas, FL 33024-4907 City/State/Zip Phone #

Office Use Only

### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 3, 2000

SBP 8371 N.W. 11TH STREET PEMBROKE PINES, FL 33024-4907

SUBJECT: SCHOOL BOY PRODUCTIONS

Ref. Number: W00000008856

We have received your document for SCHOOL BOY PRODUCTIONS and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "L.C." or "L.L.C."

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) 487-6913.

Diane Cushing Corporate Specialist

Letter Number: 000A00018193

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

### SCHOOL BOY PRODUCTIONS, LLC

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

8371 N.W. 11th Street Pembroke Pines, Florida 33024-4907

## ARTICLE III - Registered Agent. Registered Office, & Registered Agent's Signature:

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

	Christopher De Stefano	· ·
	8371 N.W. 11th Street	and the second s
	Plorida street address (P.O. Box NOT acceptable) Pembroke Pines, Pt. 33024-4907	in the second se
	City. State, and Zip	
registered agent and c statutes relating to the	the place designated in this certificate, I hereby accept the above the place designated in this certificate, I hereby accept the appoint agree to act in this capacity. I further agree to comply with the fit proper and complete performance of my duties, and I am familia of my position as registered agent as provided for in Chapter 65.  Registered Agent's Signature	Ament ass Povisions of all
Article IV - Manage The Limited Liah	ement (Check box if applicable.)  oility. Company is to be managed by one manager or more managed.	•••
therefore, a manager	- managed company	gors and is,

(An additional article must be added if an effective date is requested)

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.)

Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (OFTIONAL)

5.00 Certificate of Status (OPTIONAL)