## L000009 2 44/6

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

RE: Treasure Coast Film Partners, LLC

Enclosed is the form needed to form a Florida Limited Liability Company for Treasure Coast Film Partners, LLC. The purpose of TCFP,LLC is to develop, produce and distribute feature films and to engage in any other lawful business for which limited liability companies may be organized in this state.

Our address is:

Treasure Coast Film Partners, LLC 1966 SW 96<sup>th</sup> Street Stuart, FL 34997-2621 561-287-4457 phone 561-283-7008 fax info@ADistantView.com –email

Organizer:

Deborah J. Razete-Elkins, Producer

| Razete-Elkins

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TALLAHVASSEE, FLORM

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Sincerely,

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Deborah J.
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Name

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Acknowledgement DCC

W. P. Verifyer DCC

1966 SW 96<sup>th</sup> Street 561/287-4457 voice befilms@adelphia.net Stuart, FL 34997-2621 561/283-7008 fax www.ADistantView.com

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## FLORIDA DEPARTMENT OF STATE Katherine Harris

Katherine Harris Secretary of State

April 10, 2000

TREASURE COAST FILM PARTNERS, LLC ATTN: DEBORAH J. RAZETE-ELKINS 1966 SW 96TH STREET STUART, FL 34997-2621

SUBJECT: TREASURE COAST FILM PARTNERS, LLC

Ref. Number: W00000009473

We have received your document for TREASURE COAST FILM PARTNERS, LLC and your check(s) totaling \$160.00. 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) 487-6913.

Letter Number: 000A00019593

Diane Cushing Corporate Specialist

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AKTICLE I - Name:
The name of the Limited Liability Company is:
TREASURE Coast Film Panthers, C
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:    966 SW 96 4 Street  Strant, PC 34997-2621
1966 SW 96 de Street
5/ 1 Pl 34997-2621
STUARY, I'M STITTED
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
DeboraH J. RAZETE- Elkins
1966 SW 96 th Street
Florida street address (P.O. Box NOT acceptable)
_SLUBRY FL 34997-2621
City, State, and 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 608; F.S  Registered Agent's A
(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 (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)