

Division of Corporations

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Account Name : RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSELL, P.A.

Account Number : 076077000521 Phone : (954)761-2910 Fax Number : (954)764-4996

## LIMITED LIABILITY COMPANY

Tripod Productions, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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SECKLIARY OF STATE
THILAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION OF TRIPOD PRODUCTIONS, LLC a Florida Limited Liability Company

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

- 1. NAME. The name of the Limited Liability Company is TRIPOD PRODUCTIONS, LLC (the "Company").
- MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing and street address of the principal office of the Company is: 1740 Alderman Street, #9, Sarasota, Florida 34236.
- 3. <u>REGISTERED AGENT</u>. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: James Woodford, 1740 Alderman Street, #9, Sarasota, Florida 34236.
- 4. <u>MANAGEMENT</u>. The business of the limited liability company shall be managed by one or more managers and is, therefore, a manager-managed company.

The undersigned has executed these Articles of Organization on the /5 day of

2000.

James Woodford, Manager

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## CERTIFICATION OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: TRIPOD PRODUCTIONS, LLC.
- 2. The name and address of the registered agent and office is:

James Woodford 1740 Alderman Street, #9 Sarasota, Florida 34236

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 its 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.

James Woodford, Registered Agent

Date:

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