

L03000047438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

ep



400024803054

11/20/03--01068--020 **160.00

11/25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 20 AM 10:24

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JON ANTHONY PRODUCTIONS, LLC
(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:

TOM TUGGLE
(Name of Person)

JON ANTHONY PRODUCTIONS
(Firm/Company)

3718 EAGLEWOOD ST.
(Address)

VALRICO, FL. 33594
(City/State and Zip Code)

For further information concerning this matter, please call:

TOM TUGGLE at (813) 843-7625
(Name of Person) (Area Code & Daytime Telephone Number)

RECEIVED
DIVISION OF CORPORATIONS
JAN 20 AM 10:24

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

JON ANTHONY PRODUCTIONS, LLC

ARTICLE II - Address:

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

Principal Office Address:

3718 EAGLEWOOD ST.
VALRICO, FL.
33594

Mailing Address:

3718 EAGLEWOOD ST.
VALRICO, FL.
33594

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

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

TOM TUGGLE
Name

3718 EAGLEWOOD ST.
Florida street address (P.O. Box NOT acceptable)

VALRICO, FLORIDA 33594
City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 20 AM 10:24

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, Florida Statutes..

Tom Tuggle
Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Tom TUGGLE
3718 EAGLEWOOD ST.
VALRICO, FL. 33594

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Tom Tuggle

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.)

Tom TUGGLE

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 20 AM 10:24

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)