L030000 49848

(Requestor's Name)	
(Address)	
(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: 855/676/304/67/	
FFRA	

Office Use Only



800024650968

12/03/03--01024--022 **25.00

11/17/03--01069--003 **100.00

19848 SECRETARY OF STATE OF 17

W3-34708 Effective date Nov. 27, 2003



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 19, 2003

JEWEL RICHARDS LEE 2255 SOUTH CONWAY ROAD, APT. #1001 ORLANDO, FL 32812

SUBJECT: BLACK FACE PRODUCTIONS LLC

Ref. Number: W03000034708

We have received your document for BLACK FACE PRODUCTIONS LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$25.00.

FILING FEE \$100.00, REGISTERED AGENT FEE \$25.00, TOTAL FEE \$125.00

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) 245-6918.

Letter Number: 703A00062870

Nanette Causseaux Document Specialist Supervisor

Division of Cornerations - P.O. ROX 6327 Tallahassee, Florida 32314

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Black Face Productions

SUBJECT: Black Face Productions Lab. C.

(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:

TEWEL RICHARDS LEE

(Name of Person)

(Firm/Company)

2255 South Conway Road Apt #1001

(Address)

DRIANDD, Florida 32812

(City/State and Zip Code)

For further information concerning this matter, please call:

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

FILED

03 DEC -2 AM IO: 47

SECRETARY OF STATE
ARIOA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Black FACE PRODU	ctions LLC
ARTICLE II - Address: The mailing address and street address of the principal street.	pal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2255 South Conway Road	2255 South CONWAYR
Apt=1001, DRLANDO	Apt # 1001, DRIANDO
FL. 32812	FL 32812
ARTICLE III - Registered Agent, Registered Of The name and the Florida street address of the registered Agent, Registered Of The name and the Florida street address of the registered Agent, Registered Of The name and the Florida street address of the registered Agent, Registered Of The name and the Florida street address of the registered Agent, Registered Of The name and the Florida street address of the registered Agent, Registered Of The name and the Florida street address of the registered Agent, Registered Of The name and the Florida street address of the registered Agent, Registered Of The name and the Florida street address of the registered Agent, Registered Of The name and the Florida street address of the registered Agent, Registe	
2255 South CONW Florida street address (P.O. Bo	Ay Road, Apt #1 807 " TI
ORIANDO City, State, and 2	FLORIDA 32812
Having been named as registered agent and to accept service	

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.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:			
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGR	Jewel Richards Lee 2255 South Conuny Road Apt #100 ORlando, FL 3281 2		
MGR	Adrian Lee 22-55 South Cenuny Road, Apt 1001 Orlando, FL 32812		
MGRM	TVAN LEE 6187 Street, North East, Washingto. D.C. 2002		
(Use attachment if necessary)			
NOTE: An additional article must be added if an effective date is requested.			
REQUIRED SIGNATURE:			

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)

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.)

L RICHARDS WEE
Typed or printed name of signee

Article I - effective date of business:

An effective date of November 27th 2003, is Requested for "Black FACE"
PRODUCTIONS" LLC

