

L04000023274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☒

WAIT

☐

MAIL

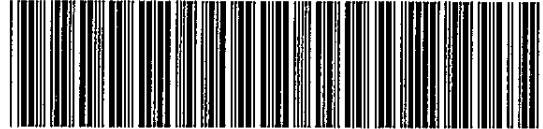
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700031253447

03/29/04--01002--002 **125.00

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

04 MAR 26 PM 3:26

RECEIVED

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 MAR 26 PM 3:26

↓ BRYAN MAR 26 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GET Some Productions LLC
(Name of Limited Liability Company)

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
04 MAR 26 PM 3:26

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barak Coleman
(Name of Person)

GET Some Productions
(Firm/Company)

221 Day Street
(Address)

Tallahassee Florida 32304
(City/State and Zip Code)

For further information concerning this matter, please call:

Barak Coleman at (950) 422-3203
(Name of Person) (Area Code & Daytime Telephone Number)

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**

FILED
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
04 MAR 26 PM 3:29

ARTICLE I - Name:

The name of the Limited Liability Company is:

GFT Same Productions LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

221 Day Street

221 Day Street

TLH FL 32304

Tallahassee FL 32304

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

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

Barak Coleman
Name

221 Day Street
Florida street address (P.O. Box NOT acceptable)

Tallahassee FLORIDA 32304
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, Florida Statutes..


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:

MGRM

Barak Coleman
221 DAY STREET
TLM FL 32304

MGRM

Dallas Batchelor
221 DAY ST.
TLM FL 32304

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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.)

Barak Coleman
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)

FILED
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
04 MAR 26 PM 3:26