

L040000025445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

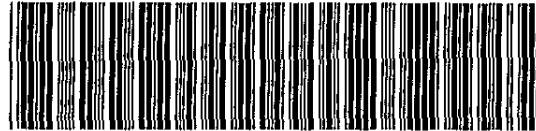
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/26/04--01060--006 **130.00

04/15/04 PM 12:07
AD
FILE
03/26/04

4504

JAMILA ANDERSON

10219 Altavista Ave., Apt 302

• Tampa FL 33647 •

Ph. 813-918-3217 Fax. 813-984-7322

COVER LETTER

March 18, 2004

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

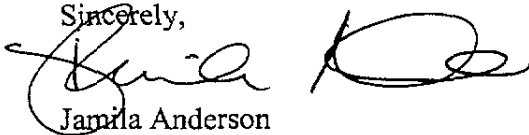
To Whom It May Concern,

Per instruction for filing Articles of Organization, this cover letter includes contact information for Jamila Anderson of soon to be Arcadia Entertainment, LLC.

Jamila Anderson
10219 Altavista Ave., Apt. 302
Tampa, FL 33647
Daytime phone: 813-918-3217

I have also included all completed articles needed for filing of my entertainment company along with a check payment in the amount of \$130 for **Filing Fee, Designation of Registered Agent, and Certificate of Status**. Should you have any question, please refer to address and phone number provided above.

Sincerely,


Jamila Anderson

04 MAR 26 PM 12:07
RECEIVED
TALLAHASSEE
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Arcadia Entertainment, LLC

ARTICLE II - Address:

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

Principal Office Address:

10219 Altavista Ave, Apt 302
Tampa, FL 33647

Mailing Address:

10219 Altavista Ave, Apt 302
Tampa, FL 33647

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

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

Jamila Anderson
Name

10219 Altavista Ave, apt 302
Florida street address (P.O. Box **NOT** acceptable).

Tampa, FLORIDA 33647
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:


MGR

Jamila Anderson
10219 Altavista Ave, Apt 302
Tampa, FL 33647

(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.)
Jamila Anderson
Typed or printed name of signer

04 MAR 26 PM 12:07
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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)