

**L04000029096**Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 205-0383

## From:

Account Name : HUBCO  
Account Number : 104652003400  
Phone : (516) 935-3940  
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## LIMITED LIABILITY COMPANY

B.A.M! Productions LLC

Certificate of Status	1
Certified Copy	0
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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name**

The name of the Limited Liability Company is: **B.A.M! 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:**1105 Lyontree Street1105 Lyontree StreetHollywood, FL 33019Hollywood, FL 33019**ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature**

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

**Beth Morse**

Name

**1105 Lyontree Street**

(P.O. Box or Mail Drop Box **NOT** Acceptable)

**Hollywood, FL 33019**

(City / State / 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, F.S.*

  
\_\_\_\_\_  
**Registered Agent's Signature - Beth Morse**

**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:**MGRMMichael Morse- 1105 Lyontree Street, Hollywood, FL 33019MGRMSheila Caplan- 252 Poinciana Drive, Sunny Isles, FL 33160

(Use attachment if necessary)

**REQUIRED SIGNATURE:**  
\_\_\_\_\_  
Signature of a member or 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. )

Michael Morse

Typed or printed name of signee