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(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	÷#)
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DIVERSE SORFORATION
TALL AHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

1

SUBJECT: MONSIEUR POST 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:

OMAR M, PAYNE

(Name of Person)

(Firm/Company)

5351 GaThering Oaks Court E

Jacksonville, FL. 32758

(City/State and Zip Code)

For further information concerning this matter, please call:

OMAY M. PAYNE at 904 704-5951
(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY		
ARTICLE I - Name: The name of the Limited Liability Company is: MONS/EUR POST PRODUCTIONS LEGIS		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address: 5351 Gathering Oaks Court (SAME) Jacksonville, FL. 32258		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Omas M Payne.		
Name 5351 Gathering Oaks Court East Florida street address (P.O. Box NOT acceptable) 1000 KCANDIA 110 327759		
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		

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Man The name and address of each Manager	naging Member(s): ger or Managing Member is as follows: Name and Address:
Title: "MGR" = Manager "MGRM" = Manager	Name and Address:
"MGRM" = Managing Member	Yvette A. Montsho
MGRM	Addavia F. Montsho 624 Manning Ave
MGRM	Jamela Q. Montsho
MGRM	Jabari H. Montsho 624 Manning Ave
(Use attachment if necessary)	Jumter, S.C. Z9150

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

REQUIRED SIGNATUL

(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.)

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)