

L040000 76312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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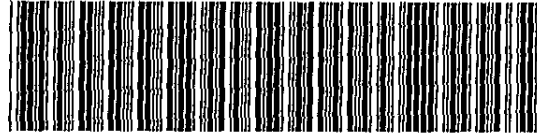
(Business Entity Name)

(Document Number)

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FILED  
04 OCT 21 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
04 OCT 21 AM 10:05  
OFFICE OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*



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October 21, 2004

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

Springboard Productions, LLC

**Filing Evidence**

- ☐ Plain/Confirmation Copy
- ☒ Certified Copy

**Retrieval Request**

- ☐ Photocopy
- ☐ Certified Copy

**Type of Document**

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include  
Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

NEW FILINGS	
	Profit
	Non Profit
X	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

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

**FILED**  
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TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**SPRINGBOARD PRODUCTIONS, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

6025 NW 115<sup>th</sup> Avenue  
Ocala FL 34482

**Mailing Address:**

6025 NW 115<sup>th</sup> Avenue  
Ocala FL 34482

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

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

Jill E. Moriarty  
6025 NW 115<sup>th</sup> Avenue  
Ocala, FL 34482

*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.*

  
\_\_\_\_\_  
Jill E. Moriarty

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of the Manager is as follows:

**Title:**

**Name and Address:**

"MGR"

Jill E. Moariarty  
6025 NW 115<sup>th</sup> Avenue  
Ocala FL 34482

**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.)

\_\_\_\_\_  
Jill E. Moariarty  
Typed or printed name of signee