

L04000087187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000042759130

11/24/04--01073--003 **125.00

11/24/04 10:00 AM

Domingo Garcia

620 N. Indigo Rd
Altamonte Springs FL 32714

Phone: 407-791-7294

7/29/79 24 P 13:56
FBI - TAMPA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prolific Entertainment 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:

Domingo Garcia
(Name of Person)

Prolific Entertainment LLC
(Firm/Company)

620 N. Indigo Rd
(Address)

Altamonte Springs FL 32714
(City/State and Zip Code)

For further information concerning this matter, please call:

Domingo Garcia at (407) 791-7294
(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

FILED
JUN 11 2003
TALLAHASSEE, FL
CORPORATION DIVISION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Prolific Entertainment LLC

ARTICLE II - Address:

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

Principal Office Address:

620 N. Indigo Rd
Altamonte Springs FL 32714

Mailing Address:

620 N. Indigo Rd
Altamonte Springs FL 32714

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

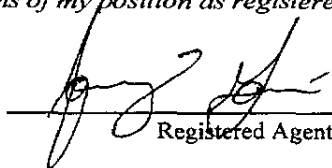
The name and the Florida street address of the registered agent are:

Domingo Garcia
Name

620 N. Indigo Rd
Florida street address (P.O. Box **NOT** acceptable)

Altamonte Springs FL 32714
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, F.S.


Registered Agent's Signature

(CONTINUED)

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

Domingo Garcia
620 N. Indigo Rd
Altamonte Springs, FL 32714

MGRM

Howard Saddle
3321 Walton Rd
Apopka, FL 32703

MGRM

Albert St. Jean
3441 Windchime Circle West
Apopka, FL 32714

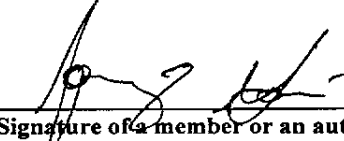
MGRM

Bryant Johnson
1318 Highland Park place
Marietta, GA 30067

(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.)

Domingo Garcia

Typed or printed name of signer

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)