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W5-8683

# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Nikko Product		Liability Company)	<u></u>	-	·
The enclosed Articles of Organizat	ion and fee(s) are sut	omitted for filing.			
Please return all correspondence co	ncerning this matter	to the following:			
Martin A. C.	layman, Esq. (Na	nme of Person)	· ·	·	
Clayman, Ta	pper & Baram,	LLC rns/Company)			
Three Regen	cy Drive	(Address)			
Bloomfield.	CT 06002 (City/S	tate and Zip Code)		,	• • • •
For further information concerning	this matter, please ca	all:			
Martin A. Clayman (Name of Person)	a	at ( <u>860</u> ) <u>24</u> (Area Code & Day	2-2221 vtime Telephone Nu	imber)	-
Enclosed is a check for the follo	wing amount:			*	
	0.00 Filing Fee & ate of Status	☑ \$155.00 Filing F Certified Copy (additional copy is enclo	sed) Certifie	0.00 Filing Feed ate of Skitus & ed Copy A all copy is englosed)	
STREET ADDI Registration Sect Division of Corp 409 E. Gaines St Tallahassee, Flor	ion orations reet	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 323	OF STATE CE. FLORIDA	P 7: 55

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
Nikko Productions, LLC	· .	,	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Lin	nited Liability C	Company is:
Principal Office Address:	Mailing Address:		
3450 Northlake Boulevard	same		
Suite 110 Palm Beach Gardens, FL 33403			
ARTICLE III - Registered Agent, Registered	Office, & Registered	Agent's Signati	ure:
The name and the Florida street address of the re	egistered agent are:	5 5	
<u>Nicholas H. Robinson</u> Name		<del>-</del> ÷	
100 Lake Shore Drive, Florida street add	#2051 ress (P.O. Box <u>NOT</u> accept	able)	, were resemble
North Palm Beach City, State, a	<u>FL</u> 33408 nd Zip	<u>.</u> .	
Having heen named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe accept the obligations of my position as registered the acceptance of the acceptance of the acceptance of the obligations of the proper and complete per acceptance of the obligations of the proper and complete per acceptance of the obligations of the proper and complete per acceptance of the proper accepta	his certificate, I hereby a I further agree to com rformance of my duties,	accept the appoir uply with the prov and I am familia	ntment as visions of all ir with and

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Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Nicholas H. Robinson
	100 Lake Shore Drive, #2051
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<u> -</u>	
(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.)

Nicholas H. Robinson

Typed or printed name of signee

### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)