

L05000030757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

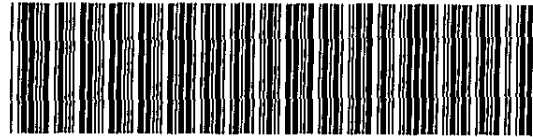
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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03/25/05--01040--021 \*\*130.00

05/13/25 10:11:25  
TALLAHASSEE, FLORIDA

**GERALD E. COWEN**

ATTORNEY AT LAW

2438 HOLLYWOOD BOULEVARD  
HOLLYWOOD, FLORIDA 33020

(954) 921-5110  
FAX (954) 921-1713

March 22, 2005

Secretary of State  
Registration Section  
Division of Corporations  
409 E. Gains Street  
Tallahassee, FL 32399

Re: Big Cypress Films, LLC

Gentlemen:

Enclosed herewith please find an original and one (1) copy of the Articles of Organization for the above limited liability company. Also, please find enclosed my client's check for \$130.00; representing payment of the following: \$100.00-filing fee; \$25.00-designation of Registered Agent, and \$5.00-Certificate of Status form, for a total of \$130.00.

Upon filing the company, please forward the clocked in copy of the filed Articles and Certificate of Status to my offices.

Your prompt attention to the foregoing is appreciated.

Very truly yours,

GERALD E. COWEN, ESQ.  
GEC/kh  
Enclosures-check

TALLAHASSEE, FLORIDA

051108 25 APR 25

**ARTICLES OF ORGANIZATION  
FOR  
BIG CYPRESS FILMS, LLC**

**ARTICLE I - Name**

The name of the Limited Liability Company is:

**BIG CYPRESS FILMS, LLC**

**ARTICLE II - Address**

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

**618 NE 4<sup>th</sup> Avenue  
Gainesville, FL 32601**

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

The name and the Florida street address of the Registered Agent are:

**ADAM NIKOLAIDIS  
618 NE 4<sup>th</sup> Avenue  
Gainesville, FL 32601**

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.

  
**ADAM NIKOLAIDIS**

Registered Agent's Signature

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

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

Title:

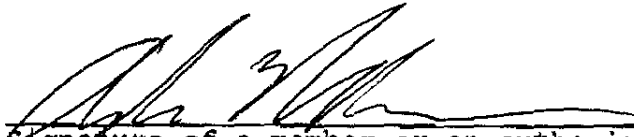
"MGR" = Manager

Name and Address:

"MGRM" = Managing Member

MGRM

ADAM NIKOLAIDIS  
618 NE 4<sup>th</sup> Avenue  
Gainesville, FL 32601



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)

ADAM NIKOLAIDIS

Typed or printed name of signee

05 MAR 25 AM 11:25  
TALLAHASSEE, FLORIDA

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FOR  
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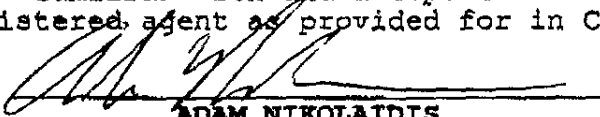
**618 NE 4<sup>th</sup> Avenue  
Gainesville, FL 32601**

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Registered Agent's Signature:**

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**ADAM NIKOLAIDIS**  
Registered Agent's Signature

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

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

Title:  
"MGR" = Manager

Name and Address:

"MGRM" = Managing Member

MGRM

ADAM NIKOLAIDIS  
618 NE 4<sup>th</sup> Avenue  
Gainesville, FL 32601



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ADAM NIKOLAIDIS  
Typed or printed name of signee

05 MAR 25 11:11:25  
TALLAHASSEE, FLORIDA