LOS 0000 48288

(Requestor's Name)
(Address)
(risalicos)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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SLONGIVERY OF STATE ALLAHASSEE, FLORIDA

MAY 16 PH 2: 20

48288



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 5, 2005

JULIO CESAR DOMICO 10802 W HILLSBORO AVE APT. #1804 TAMPA, FL 33615

SUBJECT: JCD PRODUCTIONS, LLC

Ref. Number: W05000022878

We have received your document for JCD PRODUCTIONS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 305A00032312

2005 MAY 16 PM 2: 21

TRANSMITTAL LETTER

I RAINDIVII.	I RAL LETTEN				
TO: Registration Section Division of Corporations					. 21,4
·					<u> </u>
SUBJECT: JCD PRODUCTIONS, LLC (Name of Limite	ed Liability Company)				-
The enclosed Articles of Organization and fee(s) are	submitted for filing.				· <u>-</u> =
Please return all correspondence concerning this matt					
JULIO CESAR DOMICO					٠.
	(Name of Person)				
JCD PRODUCTIONS, LLC					
	(Firm/Company)				
10802 W HILLSBOROUGH AVE APT	#1804				
	(Address)				
TAMPA, FL 33615					
(City	/State and Zip Code)				
For further information concerning this matter, please	call:	SECRE TALLAH	2005 MAY 16 PM		
JULIO CESAR DOMICO	at (813) 925-0890	IAR IASS	7	=	
(Name of Person)	(Area Code & Daytime Te	elephone Number)	6 P	FILED	
Enclosed is a check for the following amount:		FLOR	Ü	<u> </u>	
□ \$125.00 Filing Fee	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclosed)	20		
CTREET ANDRECS.	REATT TRIC! A	DADECC.			F -

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

5 UE

ARTICLE I - Name: The name of the Limited Liability Company	ny is:			
JCD PRODUCTIONS, LLC				
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Liability Con	mpany	is:	
Principal Office Address:	Mailing Address:			
10802 W HILLSBOROUGH AVE # 1804	10802 W HILLSBOROUGH AVE #1804			.5
TAMPA, FL 33615	TAMPA, FL 33615	-		
The name and the Florida street address of	tered Office, & Registered Agent's Signatur the registered agent are:	SECRETARY TALLAHASSE	2005 MAY 16	[
JULIO CESAR DOMICO Name		H		į
10802 W HILLSBOROUGH AVE # 1804		STA1 FLOR	PH 2:	_
Florida street address (P.O. Box NOT acceptable)		DA FF	20	
TAMPA, fl 33615	FL			
City, S	tate, and Zip			
liability company at the place designated	d to accept service of process for the above state d in this certificate, I hereby accept the appointm acity. I further agree to comply with the provis	nent as		

Registered Agent's Signature

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..

(CONTINUED)

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:

	<u>Title:</u> "MGR" = Manager	Name and Address:			
IGRM,	"MGRM" = Managing Member Managing Member	10 gor W. Hills borosch Ar Apt 1804 Tempa	60 H 33	615	
			- - -		
			- - 		
			SEURETA ALLAHAS	2005 MAY 16 PM 2: 20	
	(Use attachment if necessary)		RY OF	16 P	
	NOTE: An additional article must be added if an effective date is requested.				
	REQUIRED SIGNATURE:	1	F STATE FLORIDA	20	
	Signature of Jacobs	Buys			
	(In accordance with section	an authorized representative of a member. 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)			
	dulas	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)