

L05000086600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

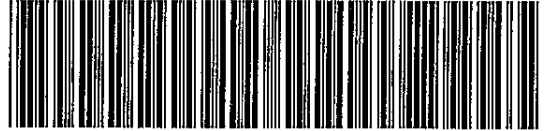
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W05-39431

2848

Office Use Only



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08/18/05--01037--028 \*\*160.00

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2005 AUG 31 AM 9:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

gm



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 22, 2005

SUSAN LEE  
3254 FURLONG WAY  
ORLANDO, FL 34734

SUBJECT: STLEO FILM & VIDEO  
Ref. Number: W05000039431

We have received your document for STLEO FILM & VIDEO and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

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) 245-6890.

Jason Merrick  
Document Specialist

Letter Number: 705A00053088

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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** STLEO film & video  
(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:

Susan Lee  
(Name of Person)

STLEO film & video  
(Firm/Company)

3254 Furlong Way  
(Address)

Orlando, FL 34734  
(City/State and Zip Code)

For further information concerning this matter, please call:

Leo Procopio at ( 407 ) 694-8708  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee & Certificate of Status & Certified Copy<br>(additional copy is enclosed) |
|--|--|--|---|

**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

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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

STLEO film & video LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

3254 Furlong Way  
Orlando, FL 34734

**Mailing Address:**

same

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

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

Susan Lee

Name

3254 Furlong Way

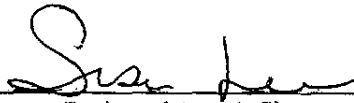
Florida street address (P.O. Box NOT acceptable)

Orlando, FL 34734

FL

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)

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**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

Susan Lee

3254 Furlong Way

Orlando, FL 34734

MGRM

Leo Procopio

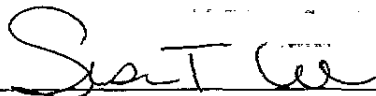
634 Rosemere Circle

Orlando, FL 32835

(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.)

Susan T Lee

Typed or printed name of signee

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**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)