(05000095264

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

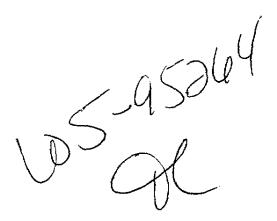
Office Use Only



200059541422

09/19/05--01051--006 **160.00

SECRETARY OF STATE
SECRETARY OF STATE



COVER LETTER

TO: Registration Se Division of Co				
SUBJECT:) og and Po (Name of Limite	one Product d Liability Company)	tions LLC	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
· ·		M, les Name of Person)		
		Name of Person)		
		Firm/Company)		
<u> </u>	10 58th	Avenue #	159	
Vei	RO Beach,	FL 3296	6	
	(City	/State and Zip Code)		
For further information	concerning this matter, please	call:		
Patricia	~ Miles	at (917) 750 (Area Code & Daytime To	- 8000	
(Name	of Person)	(Area Code & Daytime To	elephone Number	
	or the following amount:		IS SEP	Assessed (
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy, (additional copy) (28)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center	ns	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company i	S:
Must end with the words "Limited Liability Company, "Lim	Pony Productions LLC nited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2120 58th Ave. # 159 Vero Beach, FL 32966	2120 58th Ave # 159 Vero Beach, FL 32966
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the	
2120 58	BAR #159 RATE 28
	address (P.O. Box <u>NOT</u> acceptable) - h FL 32566 e, and Zip
Having been named as registered agent and to	e, and Zip to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as

thriumbule 2000

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Mana	-	Name and Address:
"MGRM" = Ma	naging Member	Catricia Miles 2120 S&B Avenue #159 Vero Beach, FL 32966

(Use attachmen	• •	
LE V: Effective	e date, if other than the isted, the date must be date of filing.)	e date of filing: (OPTION) De specific and cannot be more than five business da TASECR TALLA
LE V: Effective fective date is leading the days after the days af	e date, if other than the isted, the date must be date of filing.) IGNATURE:	SECRETAIL AHAS
LE V: Effective fective date is leading the days after the days af	e date, if other than the isted, the date must be date of filing.) IGNATURE: Signature of a member	SECRETARY A SECRETARY er or an authorized representative of a members.
LE V: Effective fective date is leading the days after the days af	e date, if other than the isted, the date must be date of filing.) IGNATURE: Signature of a member (In accordance with se	er or an authorized representative of a members of statutes an affirmation under the penalties of perjury of the perium of the penalties of perjury of the penalties of penalties of perjury of the penalties of penal
LE V: Effective fective date is leading the days after the days af	e date, if other than the isted, the date must be date of filing.) IGNATURE: Signature of a member of this document constitute the facts stated in the facts stated	er or an authorized representative of a member of stitutes an affirmation under the penalties of perjury

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

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