

L05 000 112153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

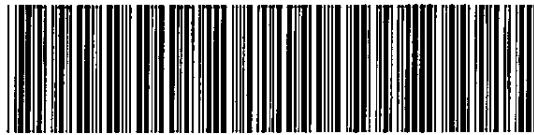
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SHERIFF'S OFFICE OF STATE
PARKS AND RECREATION, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Collin O'Neal Productions, LLC
(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:

Shawn Joseph Loftis

(Name of Person)

(Firm/Company)

290 NE 54th Street, #1

(Address)

Miami , FL 33137

(City/State and Zip Code)

For further information concerning this matter, please call:

Shawn Joseph Loftis

(Name of Person)

at (305) 606 3258

(Area Code & Daytime Telephone Number)

STATE OF FLORIDA
TALLAHASSEE

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Enclosed is a check for the following amount:

\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy
(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Collin O'Neal Productions, LLC

ARTICLE II - Address:

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

Principal Office Address:

10 Venetian Way, #603
Miami Beach, FL 33139

Mailing Address:

290 NE 54th Street, #1
Miami, FL 33137

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

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

Shawn Loftis

Name

290 NE 54th Street, #1

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

Miami

FL

33137

City, State, and Zip

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DEPARTMENT OF STATE
REGISTRATION
SECTION 1
FLORIDA

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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)

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:

MGRM

Rich Tallman

290 NE 54th Street, #1

Miami , FL 33137

MGRM

Shawn Loftis

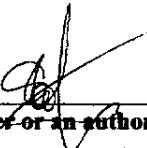
290 NE 54th Street, #1

Miami , FL 33137

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Shawn Joseph Loftis
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.)

Shawn Joseph Loftis

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)

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S E C U R I T Y O F S T A T E
T A L L A M A S S E E , F L O R I D A

FILED