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## **COVER LETTER**

TO: Registration Section Division of Corpo			
SUBJECT: JMD Pro	ductions, LLC		
	(Name of Limited	Liability Company)	
The enclosed Articles of C	organization and fee(s) are su	bmitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
John M. Den	mody		
	<sub>(</sub>	lame of Person)	
	(I	Firm/Company)	
2101C Sab	al Ridge Court		
		(Address)	· · · · · · · · · · · · · · · · · · ·
Palm Beach	n Gardens, Florid	a 33418	
<del></del>	(City/	State and Zip Code)	**************************************
For further information co	ncerning this matter, please	call:	
John M. Dermody		<sub>at</sub> 561 248-6	3176
(Name o			me Telephone Number)
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	Certificate of Status &
	Malling Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Ad Registration Section Division of Corpor Clifton Building 2661 Executive C Tallahassec, FL 3	n rations enter Circle

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited	I ighility Company	je:	
THE MARKE OF THE LIMITED	Liaomy Company	10.	
JMD Productions, LLC			
(Must end with the words "Limit	ted Liability Company, "Li	inited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address	<b>!!</b>		
	•	principal office of the Limited Liability Comp	any is:
Principal Office Addre	<u> </u>	Mailing Address:	
2101C Sabal Ridge Court		2101C Sabai Ridge Court	
Palm Beach Gardens, Florida 33418		Paim Beach Gardens, Florida 33418	<u> </u>
			到
			05 FER 27
	cannot serve as its own R	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another	
The name and the Florid	a street address of th	ne registered agent are:	STATE OF STATE
			2五。
John	M. Dermody		\$m =
	Na	me	
2101	IC Sabal Ridge Cou	ırt	
	Florida street	address (P.O. Box <u>NOT</u> acceptable)	
Palm	Beach Gardens	FI_ 33418	
	City, Sta	te, and Zip	
		to accept service of process for the above stated in this certificate. I hereby accept the appointment	

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 (REQUIRED

(CONTINUED) Page 1 of 2

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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:

MGRM	John M. Dermody	
	2101C Sabel Ridge Court	
	Palm Beach Gardens, Florida 33418	
		<del></del>
		<b>=</b>
		i and a
(Use attachment if necessary)		<i>-</i>
LE.V. Effective date if other tha	n the date of filing: (Ol	PTTONALL

**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.)

Typed or printed name of signee

Filing Foes:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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