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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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TO:

Registration Section

# **COVER LETTER**

| Division of Corporations   |  |  |
|--|--|--|
| SUBJECT: M. & G. PRODUCTIONS AND TOLENT ACCONCY L.L.C. (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:  |  |  |
| GLADYS OSSA (Name of Person)   |  |  |
| H&G PRODUCTIONS. AND TOLENT BGENCY L.L.C. (Firm/Company)   |  |  |
| ` * ***  |  |  |
| 10732 NW 61 CT 8   |  |  |
| PARKLAND, F1. 33076 (City/State and Zip Code)  |  |  |
| (City/State and Zip Code)  |  |  |
| PAZKLAND, FI 33076  (City/State and Zip Code)  For further information concerning this matter, please call:  |  |  |
| (Name of Person) at (95A) 770 - 6353 (Area Code & Daytime Telephone Number)  |  |  |
| (Name of Person) (Area Code & Daytime Telephone Number)  |  |  |
| Enclosed is a check for the following amount:  |  |  |
| \$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$ Certificate of Status \$\bigcup \\$ (additional copy is enclosed) \$\bigcup \\$ (additional copy is enclosed)   |  |  |
| Mailing Address  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Street/Courier Address  Registration Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301 |  |  |

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

| Must end with the words "Limited Liability Company, "Limited 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:                     |  |  |
| 10693: Wiles Rd<br>CORN SPRINGS, FI 32076  | 10732 NW 61 CT<br>PARKIAND, FL 33076 |  |  |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are: |                                      |  |  |
| The name and the Florida street address of the reg   | gistered agent are:                  |  |  |
| HARCO A. Name  | <u>O5533</u>                         |  |  |
| 10732 NW 6<br>Florida street addre   | ess (P.O. Box <u>NOT</u> acceptable) |  |  |
| PARKIAND City, State, and  | FL , 3307 6                          |  |  |

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)

Having been named as registered agent and to accept service of process for the above stated limited

(CONTINUED)
Page 1 of 2

## **REQUIRED SIGNATURE:**

ين كا مريس الله تــ 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.)

Gladys Ossa
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)