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COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: D7 PI	oductions, LLC		
	(Name of Limited	l Liability Company)	
The enclosed Articles o	f Organization and fee(s) are so	abmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
Deborah	Brod		
	O	Name of Person)	
<u></u>			
(Firm/Company)		2006 827 25	
601 NE 36th St., Suite 1705			
		(Address)	
Miami, F			AM II: 02
,	(City	/State and Zip Code)	1: Q
For further information	concerning this matter, please	call:	% •
Deborah Brod		at (786) 308-97	68
(Name	e of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons · Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
D7 Productions, LLC	
(Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ADTICLE II Address	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
The manning address and shoet address of the pri	nothing of the Emilion Emonity Company is:
Principal Office Address:	Mailing Address:
D7 Productions/Deborah Brod	Deborah Brod
601 NE 36th St. , Suite 1705	601 NE 36th St. , Suite 1705
Miami, FL 33137	Miami, FL 33137
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the respective Deborah Von Brod Production.	egistered agent are:
Name	S TAR
601 NE 36th St., Suite	1705 ≘ ਤੌੜੀ
	ress (P.O. Box NOT acceptable)
Miami, FL	FL 33137
City, State, ar	
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and terral agent as provided for in Chapter 608, F.S.

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

10-24-06

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGR Wight - Wallaging Welliber	Deborah Brod 601 NE 36th St. , Suite 1705 Miami, FL 33137		
MGR	Jodi Dombrowski 3921 N Meridian Ave, Suite A Miami Beach, FL 33140	2006	SE/ DIVIG
MGR	Jeremiah Scheible 32 Ocean View Dr, Studio #1 Ocean Ridge, FL 33435	16 SET 25	FILE SECRETARY I ISION OF VE
		AH 11: 02	D DESTAIL FORATIONS
(Use attachment if necessary) CLE V: Effective date, if other than the	late of filing: October 24, 2006. (OPTIC	· ONAL)

ARTICLE V: Effective date, if other than the date of filing: October 24, 2000. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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 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)