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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

TO: Registration So Division of Co			
SUBJECT: Turtle	foot Productions,	LLC	
<u></u>		d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Ronald L	. Merritt		
	(Name of Person)	
Turtlefoot	Productions, LL0		
		(Firm/Company)	
414 Colo	orado Ave		
		(Address)	·
Lynn Ha	ven, FL 32444		200 TAL
	(City	/State and Zip Code)	CRE CAH
For further information	concerning this matter, please	call:	200 HOV 29 AM II: 0 SECRETARY OF STATE ALLAHASSEE.FLOREG
Ronald L. Mer	ritt	at (850) 774-7335	AM II Of ST
(Name	e of Person)	(Area Code & Daytime Telephone	Number Bri
Enclosed is a check for	or the following amount:		م حر ي.
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certification (additional copy is enclosed) Certification	60.00 Filing Fee, ficate of Status & ified Copy tonal 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:

Turtlefoot Productions, Limited Liability (Must end with the words "Limited Liability Company, "Li	:
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
•	
Principal Office Address:	Mailing Address:
414 Colorado Ave	414 Colorado Ave
Lynn Haven, FL 32444	Lynn Haven, FL 32444
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Ronald L. Merritt National Company Co	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual organither are registered agent are:
414 Colorado Ave	
Florida street	address (P.O. Box NOT acceptable)
Lynn Haven,	_{FL} 32444
City, Stat	te, and Zip
liability company at the place designated in registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all a performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

EFFECTIVE DATE

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 Membe	Name and Address:	
MGR	Ronald L. Merritt	
	414 Colorado Ave	_
	Lynn Haven, FL 32444	
		_ 2
MGRM	Julie E. Merritt	2006 NOV
	414 Colorado Ave	言言
	Lynn Haven, FL 32444	± 2
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		OF STATE
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		_
(Use attachment if necessary)		
LE V: Effective date, if other t	han the date of filing: Nov 29, 2006 . (OPT	IONAL
	must be specific and cannot be more than five busines	s days
	-	
days after the date of filing.)		
days after the date of filing.)		
-		
-	·	
days after the date of filing.) REQUIRED SIGNATURE:	1) //	

Ronald L. Merritt

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Filing Fees:

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

that the facts stated herein are true.)

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