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| (Re                     | questor's Name)  | )                                   |
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| PICK-UP                 | ☐ WAIT           | MAIL                                |
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| Certified Copies        | _ Certificate    | s of Status                         |
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| Special Instructions to | Filing Officer:  |                                     |
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SECRETARY OF STATE
FAIL A PASSEE, FLORIDA

FILEU

## COVER LETTER

| TO: Registration Se<br>Division of Co |   |   |  |
|---------------------------------------|---|---|--|
| SUBJECT: Mon                          | key's Uncle Productio   | n, LLC  |  |
| 30 D0 BC 1.                           |   | d Liability Company)  |  |
| The enclosed Articles of              | f Organization and fee(s) are s   | ubmitted for filing.  |  |
| Please return all corresp             | ondence concerning this matte   | r to the following:   |  |
| <u>Trevor B</u>                       | rown  |   |  |
|                                       | (1  | Name of Person)   |  |
| _ Monkey's                            | s Uncle Production, LI  | LC  |  |
| <u> </u>                              |   | Firm/Company)   | 7 J  |
| 4145 Cu                               | mmings Street   |   |  |
|                                       |   | (Address)   | -2<br>-2   |
| Orlando                               | Florido 33838   |   | JAN-2 AM II: 44 SECRETARY OF STATE FALLAH ISSEE FLORID   |
| Onando                                | Florida 32828<br>(City  | /State and Zip Code)  | - ST T: L  |
|                                       |   |   | DA -   |
| For further information               | concerning this matter, please  | call:   |  |
| Trevor Brown                          |   | at (407 ) 580-18  | 18   |
|                                       | of Person)  | (Area Code & Daytime To   | elephone Number)   |
| Enclosed is a check for               | or the following amount:  |   |  |
|                                       | \$130.00 Filing Fee & Certificate of Status   | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)  | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                                       | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address<br>Registration Section<br>Division of Corporation<br>Clifton Building<br>2661 Executive Center<br>Tallahassee, FL 32301 | ns   |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

| Monkey's Uncle Production, LLC (Must end with the words "Limited Liability Company, "Limited ARTICLE II - Address: The mailing address and street address of the pri |  |
|--|--|
| Principal Office Address:  | Mailing Address:   |
| 4145 Cummings Street Orlando, Florida 32828  | Mailing Address:  4145 Cummings Street Orlando, Florida 32828  |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)     | ered Agent. You must designate an individual or another  |
| The name and the Florida street address of the re  | gistered agent are:  |
| <u>Trevor Brown</u>  |  |
|  | ress (P.O. Box <u>NOT</u> acceptable)  |
| <u>Orlando,</u><br>City, State, ar   | <u>FL 32828</u><br>nd Zip  |
| liability company at the place designated in the<br>registered agent and agree to act in this capacity<br>statutes relating to the proper and complete per           | accept 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 tered agent as provided for in Chapter 608, F.S. |

(CONTINUED) Page 1 of 2

lered Agent's Signature (REQUIRED)

| Title:   | Name and Address:   |
|--|---|
| "MGR" = Manager<br>"MGRM" = Managing Mem   | ber   |
| MGRM   | Trevor Brown  |
|  | 4145 Cummings Street  |
|  | Orlando, Florida 32828  |
|  |   |
|  |   |
|  | 1. T.   |
|  | <u> </u>  |
|  | T.  |
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| LE V: Effective date, if other   | than the date of filing:, (OPTIONA  |
| LE V: Effective date, if other fective date is listed, the date days after the date of filing.   | than the date of filing: (OPTIONA e must be specific and cannot be more than five business day) |
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