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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Funny Caddy Productions LLC (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:
Michael Collins
(Name of Person)
tunny Caddy Productions LLC (Firm/Company)
3901 SW 20th Ave #607
Gainesville, FL 32607 - 4588
(City/State and Zip Code) Sin → 1
(City/State and Zip Code)  For further information concerning this matter, please call:
Michael Collins at 352 367-8563  (Name of Person) (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 \\$ Certified Copy (additional copy is enclosed) \$\bigcup \\$ Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Street/Courier Address Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:	
Funny Caddy Productions	LLC
(Must end with the words "Limited Liability Company, "Limited	
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3901 SW 20th Are	3901 SW 20th Ave
#607	<b>#</b> 607
Gainesville, FL 32607-4588	Gamesville, FL 32607-4588
$\bigcap$	red Agent. You must designate an individual or another  registered agent are:  ALCARETARY OF STATE  Pess (P.O. Box NOT acceptable)  FL 32607
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 tered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Man	ager	Name and Address:	
"MGRM" = M	anaging Member		
MGR		Michael Collins	
1101	<del></del>	3901 SW 20th Are #607	
		Gainesville, FL 32607	
MGR		01. 011.	_ <del>,</del>
1101		Celia Collins 3901 SW 20th Ave #607	
		Gainesville, FL 32607	
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(Use attachmer	nt if necessary)		
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LE V: Effectiv fective date is l days after the	re date, if other than the listed, the date must be date of filing.)  SIGNATURE:  Signature of a member (In accordance with see	er or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution citutes an affirmation under the penalties of perjury	SECRE:

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

\$ 30.00 Certified Copy (Optional)

Filing Fees:

\$ 5.00 Certificate of Status (Optional)