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(Re	equestor's Name)	
(Ac	ldress)	
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Öfficer:		
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SECRETARY OF STATE ALLAHASSEE FLORIDA



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: (Name of Limited Li	Roductions LLC ability Company)
The enclosed Articles of Organization and fee(s) are subm	itted for filing.
Please return all correspondence concerning this matter to	the following:
DINER	ALDEUS
(Nam	e of Person)
(Firm	/Company)
5548 NW 312	AUENUE #201
FORE CAUDERDO	ALE F 33309 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
For further information comparing this matter places call	· SE
For further information concerning this matter, please call (Name of Person) at (951 105-94/20 1
Enclosed is a check for the following amount:	
	\$155.00 Filing Fee & Certificate of Status & 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	y is:			
PGA PRODUCTIONS, LLC				
(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 th	he principal office of the Limited Liability C	Company is:		
Principal Office Address:	Mailing Address:			
5548 NW 31 AU #201	<u> </u>	_		
Forton 33309				
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own F business entity with an active Florida registration.)	tered Office, & Registered Agent's Signatu Registered Agent. You must designate an individual or and	other 07		
The name and the Florida street address of t	the registered agent are: ALDEUS Vame ARRIVATION OF THE PROPERTY OF THE PRO	AR 12		
Fort laud	at address (P.O. Box NOT acceptable) Ludgele 33309 tate, and Zip	PHI2: 10		
		. 11: 1/ 1		

Having been named as registered agent and to accept service of process for the above stated limited 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 (gents Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

r or Managing Member is as follows:
Name and Address:
Diner Aldeus 5548 NII 31 Ave # 201 Fort Lauderdole, 91 33309
· · · · · · · · · · · · · · · · · · ·
ate of filing: (OPTIONAL) specific and cannot be more than five business days prior
O7 MAR SECRE II TALLAHA
or an authorized representative of a member.
on 608.408(3), Florida Statutes, the execution tees an affirmation under the penalties of perjury ein are true.)
d or printed name of signee

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

\$125.00 Filing Fee for Articles of Organization and Designation

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