

LO7000036629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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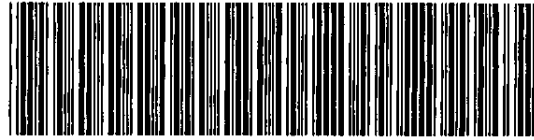
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07 APR -5 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NRC

**TRANSMITTAL LETTER**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314  
850-487-6051

**SUBJECT: ST. LUCIE PREMIER PRODUCTIONS, LLC.**

Enclosed are an original and one copy of the articles of Organization For Florida Limited Liability Company.

**FROM: ROLF S. JENSEN  
5780 E. SEMINOLE ROAD  
FORT PIERCE, FLORIDA 34951  
772-595-8133**

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I-Name:**

The name of the Limited Liability Company shall be:  
ST. LUCIE PREMIER PRODUCTIONS, LLC.

**ARTICLE II-Address:**

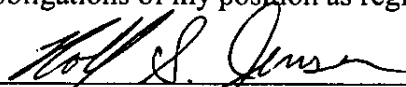
The mailing address and street address of the principal office of the Limited Liability Company is: 5780 E. SEMINOLE ROAD, FORT PIERCE, FLORIDA 34951

**ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

ROLF S. JENSEN  
5780 E. SEMINOLE ROAD  
FORT PIERCE, FLORIDA 34951

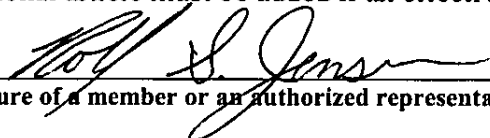
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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..

  
ROLF S. JENSEN

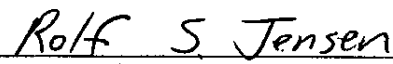
**ARTICLE IV- Management (Check box if applicable.)**

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager- managed company.

(An additional article must be added if an effective date is requested)

  
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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEES:**

- \$100.00 Filing Fee for Articles of Organization
- \$25.00 Designation of Registered Agent
- \$30.00 Certified Copy (Optional)
- \$5.00 Certificate of Status (Optional)