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SECRETARY OF STATE
DIVISION OF CORPORATION

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Fierce	e i Films De (Name of Limited	Velopment Cox d Liability Company)	mpany 1 LLC
The enclosed Articles of 0	Organization and fee(s) are so	ubmitted for filing.	
Please return all correspon	ndence concerning this matte	r to the following:	
Jame	s f. Dillon	Name of Person)	
fierce i	Films Deve	elopment Con Firm/Company)	pany 1 LLC
1776	11+5 Aver	oue V. (Address)	
5+. Pe	tersburg (City)	Florida (State and Zip Code)	337B
For further information co	oncerning this matter, please	call:	
(Name o	f Person)	at ()(Area Code & Daytime T	elephone Number)
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fierce : Films Development (Must end with the words "Limited Liability Company, "Limited	The Company of their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Com	pany is:
Principal Office Address:	Mailing Address:	
1776 11th Avenue N. st. Petersburg, Florida 33713	177/2 1/th Avenue N. St. Petersburg, Flori	ida 3
Λ .	gistered agent are: Tames P. Dillon Way NE ess (P.O. Box NOT acceptable) FL 33704 di Zip ccept service of process for the above stated	SECRETARY OF STATE DIVISION OF CORPORATIONS in ited

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.. Tames P. Dillon
Registered Agent's Signature (REQUIRED)

statutes relating to the proper and complete performance of my duties, and I am familiar with and

(CONTINUED) Page 1 of 2

ARTICLE V: Effective date, if other than the date of filing: _______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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.)

James P. Dillos

Typed or printed name of signee

Filing Fees:

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

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