

6070000 51552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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04/16/07--01038--018 **78.75

04/26/07--01041--009 **51.25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 MAY 15 AM 7:55

FILED

Date: April 11, 2007

Re: **DEAD LAND PRODUCTIONS, LLC**

To: Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Attachments: Original and a copy of Articles of Incorporation
Check for \$78.75
Self-stamped, addressed envelope

Instructions: Please return a certified copy of Articles of
Incorporation

Respectfully submitted,

Grimm December

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 MAY 15 AM 7:55

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2007

GRIMM DECEMBER
1932 W FAIRBANKS AVE #W
WINTER PARK, FL 32789

SUBJECT: DEAD LAND PRODUCTIONS, LLC
Ref. Number: W07000018640

We have received your document for DEAD LAND PRODUCTIONS, LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$51.25.

Chapter 608, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

Limited Liability Companies are not corporations. Limited Liability Companies are unique business entities with special characteristics and attributes formed under Chapter 608, Florida Statutes. Corporations, on the other hand, are formed under Chapter 607, Florida Statutes, and possess other distinctive traits and characteristics. Consequently, limited liability company documents cannot contain any references/terms which may implicate the entity is a corporation. Please delete any references to the term "corporation" or the like from your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 607A00025708

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 MAY 15 AM 7:55

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2007

GRIMM DECEMBER
1932 W FAIRBANKS AVE #W
WINTER PARK, FL 32789

SUBJECT: DEAD LAND PRODUCTIONS, LLC
Ref. Number: W07000018640

We have received your document for DEAD LAND PRODUCTIONS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 107A00028983

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 MAY 15 AM 7:55

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dead Land 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 the principal office of the Limited Liability Company is:

Principal Office Address:

1932 W. Fairbanks Ave.
#W
Winter Park, FL 32789

Mailing Address:

~~1932 W. Fairbanks~~
1932 W. Fairbanks
Ave. #W.
Winter Park, FL

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Summer Hobbs
Name

2501 NE 26th Ave.

Florida street address (P.O. Box **NOT** acceptable)

Ft. Lauderdale FL 33306

City, State, and Zip

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..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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02 MAY 15 AM 7:55
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Grimm December
4378 WALDEN CIRCLE
LAKE WORTH, FL 33463

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5-12-07 (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.)

Grimm December
Typed or printed name of signer

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)