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DIVISION OF THE

COVER LETTER

10: Registration Section Division of Corporations
SUBJECT: Penlight 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:
Mahboob Alikhan
(Name of Person)
Penlight Productions, LLC
(Firm/Company)
9610 Fairwood Court
(Address)
Port St. Lucie, FL 34986
(City/State and Zip Code)
For further information concerning this matter, please call:
Mahboob Alikhan at 772 4601480
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Penlight Productions, LLC (Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Comp	any i	s:
Principal Office Address:	Mailing Address:		
9610 Fairwood Court Port St. Lucie, FL 34986	9610 Fairwood Court Port St. Lucie, FL 34986		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	ered Agent. You must designate an individual or another	07 A	DIVISI
Saira Alikhan Name		07 AUG 21	
9610 Fairwood Co	urt ress (P.O. Box NOT acceptable)	PH 12: (•

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 Agent's Signature (REQUIRED)

City, State, and Zip

Port St. Lucie, FL 34986

(CONTINUED)
Page 1 of 2

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

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

MGR	Mahboob Alikhan	
	9610 Fairwood Court	
	Port St. Lucie, FL 34986	
MGRM	Saira Alikhan	
	9610 Fairwood Court	
	Port St. Lucie, FL 34986	-
		
(Use attachment if necessary)		
LE V. Effective date if other than the	ne date of filing:	(OPTION A

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.)

Mahboob Alikhan

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)