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(Red	questor's Name)	
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(City	/State/Zip/Phone	e #)
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Certified Copies	Certificates	s of Status
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DIVISION OF PH 1: 24

COVER LETTER

TO:	Registration S Division of Co			
SUBJI	ECT. Before	e You Go Producti	ons LLC	
50201		(Name of Limi	ted Liability Company)	
The en	closed Articles o	of Organization and fee(s) are	submitted for filing.	
Please	return all corresp	pondence concerning this mat	tter to the following:	
	David Cas	se		
			(Name of Person)	
		· <u>··············</u>	(Firm/Company)	
	15711 AH	nens Terrace	(·····················/	
	1071174	ichs remace	(Address)	
	Wellington	n, FL 33414		
			ty/State and Zip Code)	
For fur	ther information	concerning this matter, pleas	e call:	
Dav	id Case		at (561) 676-4006	3
	(Nam	e of Person)	(Area Code & Daytime Tele	phone Number)
Enclos	sed is a check f	or the following amount:		
\$ 125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	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 Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle

Expression and mercel services for a temperature of

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Compa	any is:	
Before You Go Productions LI	.C	
(Must end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	the principal office of the Limited Liabilit	ty Company is:
Principal Office Address:	Mailing Address:	
15711 Athens Terrace	15711 Athens Terrace	
Wellington, FL 33414	Wellington, FL 33414	
	stered Office, & Registered Agent's Sign m Registered Agent. You must designate an individual of	
The name and the Florida street address of	f the registered agent are:	SECRETARY NISION 24
David Case		P. 25.
	Name	
15711 Athens T	errace	PH
Florida st	reet address (P.O. Box <u>NOT</u> acceptable)	1: 24
Wellington, FL 3	3414 _{FL}	24
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.,

Registered Agent's Signature (REQUIRED)

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

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

MGR	David Case
	15711 Athens Terrace
	Wellington, FL 33414
MGR	The Procurer LLC
	1517 NE 16th Ave
	Fort Lauderdale, Fl. 33304
	·
(Use attachment if necessary)	
LE V: Effective date, if other fective date is listed, the date days after the date of filing.)	than the date of filing: (OPTIONA must be specific and cannot be more than five business day

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.)

David Case

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)