

LO7000093087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

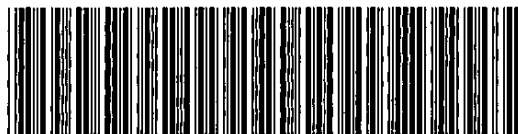
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FRANK FILMS, 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:

WILLIAM H. FRANK

(Name of Person)

(Firm/Company)

7493 NW 21 COURT

(Address)

PEMBROKE PINES, FL 33024

(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM H. FRANK, CPA at ( 954 ) 322 8625

(Name of Person)

(Area Code & Daytime Telephone Number)

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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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is Frank Films, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability company is:

Principal Office Address:

18459 Pines Boulevard

Pembroke Pines, FL 33029

Mailing Address:

18459 Pines Boulevard

Pembroke Pines, FL 33029

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

William H. Frank

Name

18459 Pines Blvd., #309

Florida street address

Pembroke Pines, FL 33029

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

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, Florida Statutes



Registered Agent's Signature

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

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Deborah B. Frank

18459 Pines Blvd., # 309

Pembroke Pines, FL 33029

MGRM

William H. Frank

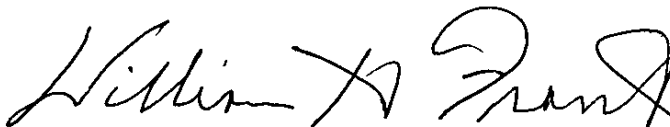
18459 Pines Blvd., # 309

Pembroke Pines, FL 33029

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FALL/HASSEL, FLORIDA

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Signature of member

William H. Frank

9-6-07