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Office Use Only



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## COVER LETTER -

Division of Cor			
<sub>subject:</sub> Wrapi	t Productions L	LC.	
		d Liability Company)	
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.	
Please return all correspo	ondence concerning this matte	er to the following:	
Steven C	Simonton		
	(	(Name of Person)	
Wrapit Pi	roductions LLC.		
		(Firm/Company)	
2370 NE	135th St. #209		
		(Address)	
N. Miami	, FL 33181		
	(City	//State and Zip Code)	
For further information c	oncerning this matter, please	call:	
Steven C Simonton		at ( 305 ) 491 79	11
(Name of Person)		(Area Code & Daytime Tele	phone 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 Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Wrapit Productions LLC.  (Must end with the words "Limited Liability of the words "Linited Liability of the words "Liability of the wo	Company "I.I.C." or "II.C.")
ARTICLE II - Address:	company, E.E.O., or Electry
The mailing address and street address of the princ	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2370 NE 135th St. #209	2370 NE 135th St. #209
N. Miami, FL 33181	N. Miami, FL 33181
(The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)  The name and the Florida street address of the registration.  Steven C Simonton	istered agent arc:
Name	
2370 NE 135th St.	#209
Florida street addres	s (P.O. Box NOT acceptable)
	<sub>1.</sub> 33181
City, State, and	Zip
Having been named as registered agent and to acc liability company at the place designated in this registered agent and agree to act in this capacity, statutes relating to the proper and complete perfo accept the obligations of my position as register	certificate, I hereby accept the appointment as I further agree to comply with the provisions of all primance of my duties, and I am familiar with and red agent as provided for in Chapter 608, F.S

(CONTINUED)
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SECRUTARY OF SIMIE
DIVISION OF CORPORATIONS

## **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	Such familia
"MGRM" = Manag	ing Member
MGR	Steven C Simonton
<del>-</del>	2370 NE 135th St. #209
	N. Miami, FL 33181
MGR	Donna M DeLong
	2370 NE 135th St. #209
	N. Miami, FL 33181
	<del></del>
<del> </del>	<u> </u>
	<del></del>
(Use attachment if	necessary)
(Ose attachment ii	iccessury)
ΓICLE V: Effective da	te, if other than the date of filing: (OPTIONAL)
	l, the date must be specific and cannot be more than five business days prior
r 90 days after the date	of filing.)
REQUIRED SIGN	JATTIDE.
KEQUIKED SIGI	/ m /
	hl Ph 1
_	Hose / lineste
S	gnature of a member of an authorized representative of a member.
lo	raccordance with section 608.408(3), Florida Statutes, the execution
C.	f this document constitutes an affirmation under the penalties of perjury
	that the facts stated herein are true.)
	Steven C Simonton
	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)