

L08000013737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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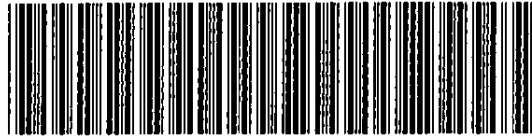
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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08 FEB - 7 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

FEB 7 2008

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 435420 8739A

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 125.00

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TALLAHASSEE, FLORIDA

ORDER DATE : February 7, 2008

ORDER TIME : 10:56 AM

ORDER NO. : 435420-005

CUSTOMER NO: 8739A

DOMESTIC FILING

NAME: THE INDEPENDENT FILM COMPANY,
LL

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
OF
THE INDEPENDENT FILM COMPANY, LLC**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article I - Name: The name of the Limited Liability Company is The Independent Film Company, LLC.

Article II - Address: The mailing address and street address of the principal office of the Limited Liability Company is 6001 Park of Commerce Blvd., Boca Raton, Florida 33487.

Article III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

Jonathan L. Shepard
5355 Town Center Road #801
Boca Raton, Florida 33486

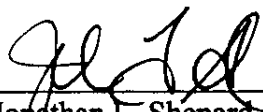
Having been named as registered agent and to accept service of process of the above-stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.



Jonathan L. Shepard

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

MGRM: Scott Woolley
6001 Park of Commerce Blvd.
Boca Raton, FL 33487



Jonathan L. Shepard,
Authorized Representative
(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.)