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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
CUDIE	mcD Productions, LLC	
SUBJE	(Name of Limited Liability Company)	
The enc	osed Articles of Organization and fee(s) are submitted for filing.	
Please r	turn all correspondence concerning this matter to the following:	
<u> </u>	ames G. Hahl, Esq.	
-	(Name of Person)	_
,	/an Houten, Ponder & Hahl, P.A.	
	(Firm/Company)	_
_	114 South Palmetto Avenue	
	(Address)	
_	Daytona Beach, FL 32114	
	(City/State and Zip Code)	
For furt	er information concerning this matter, please call:	
Jam	es G. Hahl at ( 386 ) 257-1777	
	(Name of Person) (Area Code & Daytime Telephone Number)	
Enclose	d is a check for the following amount:	
\$125.0	O Filing Fee \$\sum \\$130.00 \text{ Filing Fee & } \sum \\$155.00 \text{ Filing Fee & } \sum \\$160.00 \text{ Filing Fee, } \text{ Certificate of Status & } \text{ Certified Copy } \text{ Certified Copy } \text{ Certified Copy } \text{ (additional copy is enclosed)} \text{ Certified Copy } \text{ (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 Compa	ny is:				
MCD Productions, LLC  (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")					
ARTICLE II - Address:	the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
595 West Granada Boulevard	595 West Granada Boulevard				
Ormond Beach, FL 32174	Ormond Beach, FL 32174				
	stered Office, & Registered Agent's Signature:  n Registered Agent. You must designate an individual or another				
The name and the Florida street address of	f the registered agent are:				
Michael W. Mo	Donough				
	Name				

595 West Granada Boulevard

Florida street address (P.O. Box NOT acceptable)

Ormond Beach

<sub>I.</sub> 32174

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)

(CONTINUED) Page 1 of 2 SECRETARY OF STATE TALL AHASSEE FI OBJO.

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

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Michael W. McDonough
	595 West Granada Boulevard
	Ormond Beach, FL 32174
MGRM	Rory D. McDonough
	9768 Vineyard Court
	Boca Raton, FL 33428
	<del></del>
	<del></del>
(Use attachment if necessary)	
•	
	he date of filing: (OPTIONA
	be specific and cannot be more than five business day
0 days after the date of filing.)	
REQUIRED SIGNATURE:	med 1

Michael W. McDonough

that the facts stated herein are true.)

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

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)