

L08000090811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

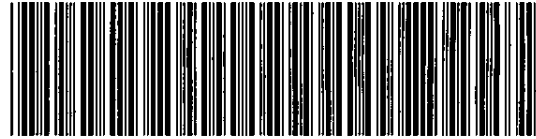
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Give 9/24 date

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08 SEP 24 PM 3:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

408-4396  
9/18



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 18, 2008

MARIA C TELLECHEA  
11930 NORTH BAYSHORE DRIVE 705  
NORTH MIAMI, FL 33181

SUBJECT: PERIPHERAL FILMS, LLC  
Ref. Number: W08000043396

We have received your document for PERIPHERAL FILMS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 708A00050632

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Peripheral Films**  
(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:

**Maria C. Tellechea**

(Name of Person)

**Peripheral Films**

(Firm/Company)

**11930 North Bayshore Drive, #705**

(Address)

**North Miami, Florida 33181**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Maria C. Tellechea**

(Name of Person)

at

**786**

**371-3322**

(Area Code & Daytime Telephone 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 Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Peripheral Films, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

11930 North Bayshore Drive, #705

North Miami, Fla. 33181

#### Mailing Address:

11930 North Bayshore Drive, #705

North Miami, Fla. 33181

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Maria C. Tellechea

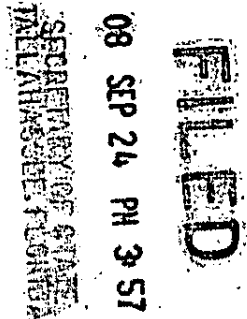
Name

11930 North Bayshore Drive, #705

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

North Miami, Fla. 33181

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

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

Justin Dec

MGRM

350 85th Street, Suite 16

Miami Beach, Fl 33141

Maria C. Tellechea

MGRM

11930 North Bayshore Drive, #705

North Miami, Fla. 33181

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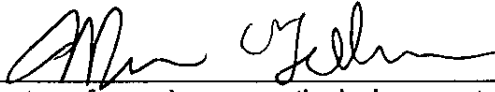
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: Sept. 23, 2008. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



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.)

Maria C. Tellechea

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)**

FILED  
08 SEP 24 PM 3:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA