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PICK-UP WAIT MAIL		
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(Business Entity Name)		
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Certified Copies Certificates of Status		
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OBBOCT & SAMMISSEEFHORIDA SECRETARY OF STATE

M. THOMAS

EXAMINER

COVER LETTER

TO:	TO: Registration Section Division of Corporations		
SUBJI	Production Tours LLC		
The en	closed Articles of Organization and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	Production Tour, ALLC		
	3116 Iron Wood Dr		
	Tallahassee FL. 323		
For fur	(City/State and Zip Code) ther information concerning this matter, please call: A telephone Number (Area Code & Daytime Telephone Number)		
_	ed is a check for the following amount: 00 Filing Fee \$\begin{array}{ c c c c c c c c c c c c c c c c c c c		
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building		

Tallahassee, FL 32314

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:
Production Tours 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: Mailing Address:
3/16 Ironwood fr Tallahassee, FL 32309 Tallahassee, FL 32309 Tallahassee, FL 32309
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:
Blett 1) lei
3116 Ironwood Dr
Florida street address (P.O. Box NOT acceptable)
Tall 2/ 955ee FL 32309
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.

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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:
MGRM	Brett Wier 200 Brand Bra
(If an effective date is listed, the date m	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior
to or 90 days after the date of filing.) REQUIRED SIGNATURE:	Nett Le
(In accordance w of this document	ith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ated herein are true.) 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)