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**EXAMINER** 



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SECRETARY OF STATE

DIVISION OF CORPURATION

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: NO Doubt Productions, LLC
(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:
George Stephens
No Doubt Productions, LLC
(Firm/Company)
236 Z TERRACE
RIVIERA BEACH, F/, 33404 (City/State and Zip Code)
For further information concerning this matter, please call:
CHORGE Skephen'S at (56) 881-8360  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of Status}\$\$ 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:	
No Doubt Production	s, 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 prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2361 ZTERRICE	2361 Z. TERRICE
RIVIERA BEACH	RIVIERS BESCH
Fl. 33404	F1. 33404
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ed Agent. You must designate an individual or another
The name and the Florida street address of the reg	vistered agent are:
1 and Clark	
CHARGE Steph	DEC 24
Nâme	}-3-m<\;\_
2361 Z TERR	SSS (P.O. Box NOT acceptable)
Florida street addre	ss (P.O. Box NOT acceptable)
RIVIFED BEACH	m 33404 25
City, State, and	d Zip
Having been named as revistered agent and to ac	cent service of process for the above stated limited

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

<u>Title:</u> "MGR" = Manage		Name and Address:
"MGRM" = Mana	iging Member	
	_	
	_	
	_	
(Use attachment if	f necessary)	
		L. CCI
CONTRACT FOR I	ate, if other than the	date of filing: (OPTIONAL e specific and cannot be more than five business days
ICLE V: Effective d	will the date must be	
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effective date is liste 90 days after the dat	e of filing.)	Var wom
effective date is liste 90 days after the dat  REQUIRED SIG	NATURE:	r or all authorized representative of a member.

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)