

LO9000003875

(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:

W08000056854

Office Use Only

EFFECTIVE DATE 1/9/09



600139239376

12/24/08--01033--016 \*\*130.00

FILED  
09 JAN 13 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

JAN 13 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: High School Icon 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:

William M Sherman

(Name of Person)

High School Icon Productions LLC

(Firm/Company)

777 East Atlantic Ave Suite C2- 239

(Address)

Delray Beach, Florida 33483

(City/State and Zip Code)

For further information concerning this matter, please call:

William Sherman

(Name of Person)

at ( 877 ) 728 3954

(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

FILED  
09 JAN 13 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 29, 2008

WILLIAM M SHERMAN  
777 EAST ATLANTIC AVE SUITE C2-239  
DELRAY BEACH, FL 33483

SUBJECT: HIGH SCHOOL ICON PRODUCTIONS LLC  
Ref. Number: W08000056854

We have received your document for HIGH SCHOOL ICON PRODUCTIONS LLC and your check(s) totaling \$130.00. 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 December 24, 2008. Please amend your document accordingly.

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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 508A00061765

**FILED**  
09 JAN 13 PM 4: 06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

High School Icon Productions L.L.C

(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:**777 East Atlantic Ave Suite C2- 239  
Delray Beach, Florida 33483**Mailing Address:**777 East Atlantic Ave Suite C2- 239  
Delray Beach Florida 33483**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:

Richard P Greene

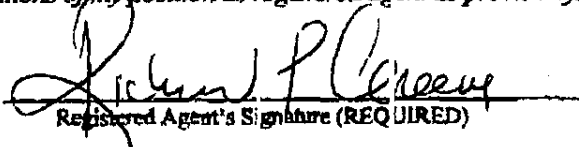
Name

2400 East Commercial Blvd, suite 201Florida street address (P.O. Box **NOT** acceptable)Ft lauderdale Fl, FL 33308

City, State, and Zip

**FILED**  
**09 JAN 13 PM 4:07**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

*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

EFFECTIVE DATE 1/9/09

**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:**

William Sherman=MGRM

777 East Atlantic Ave Suite C2- 239

Delray Beach, Florida 33483

Michael Sherman=MGR

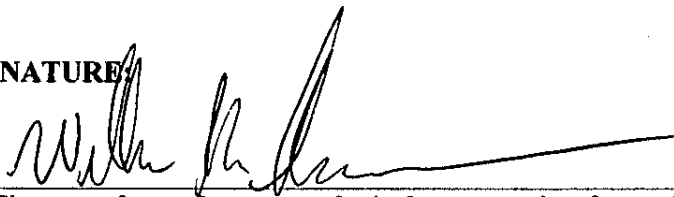
777 East Atlantic Ave Suite C2- 239

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 1/9/2009 (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.)

**William M Sherman**

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JAN 13 PM 4:07

FILED

**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)**