

L09000015406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

**A. LUNT**  
FEB 16 2009  
**EXAMINER**

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TALLAHASSEE, FLORIDA

MyCorporation  
An Intuit Company

21215 Burbank Blvd. Ste. 400  
Woodland Hills, CA 91367

intuit.

Toll-Free: 888-692-6771 | Direct: 818-436-8225 | FAX: 818-879-8005  
E-mail: info@mycorporation.com

## ROUTINE SERVICE FILING REQUEST

Monday, January 26, 2009

Division of Corporations  
Florida Department of State  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: *Cherished Movies LLC*

Ladies and Gentlemen:

Please find enclosed for filing Articles of Organization for the above referenced company.

Enclosed is a check in the amount of \$155.00 for filing and for a **certified copy**.

Please return the **certified copy** to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation, an Intuit Company  
**Attn: Fulfillment Dept.**  
21215 Burbank Blvd. Ste. 400  
Woodland Hills, CA 91367

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TALLAHASSEE, FLORIDA

**Articles of Organization  
For  
Cherished Movies LLC  
Florida Limited Liability Company**

**ARTICLE I - Name:**

The name of the Limited Liability Company is Cherished Movies LLC.

**ARTICLE II - Address:**

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

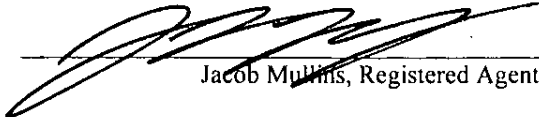
1756 Stargazer Terrace  
Sanford, FL 32771

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

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

Jacob Mullins  
1756 Stargazer Terrace  
Sanford, FL 32771

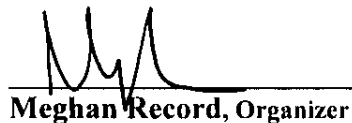
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.*

  
\_\_\_\_\_  
Jacob Mullins, Registered Agent

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Jacob Mullins  
1756 Stargazer Terrace  
Sanford, FL 32771

  
\_\_\_\_\_  
Meghan Record, Organizer

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