Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : GUNSTER, YOAKLEY, ETAL. (WEST PALM BEACH)

Account Number: 076117000420 Phone : (561)650-0728

Fax Number ; (561)655-5677

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Stir Joy Productions, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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COVER LETTER

TO:	Registration Section Division of Corporations	
SITRI	ECT: Stir Joy Productions, LL	C
3020		ted Liability Company)
The c	nclosed Articles of Organization and fee(s) are	submitted for filing.
Please	e return all correspondence concerning this ma	tter to the following:
	Sarah McCain	•
		(Name of Person)
	Stir Joy Productions, LLC	
		(Firm/Company)
	18821 Misty Lake Drive	
		(Address)
	Jupiter, FL 33458	
	(C	ity/State and Zip Code)
For fu	wither information concerning this matter, please	e call:
San	ah McCain	at 561 744-7156
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclo	sed is a check for the following amount;	
▼\$ 125	5.00 Filing Fee \$\sum \\$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

ARTICLE I - Name:

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(with the mith the mount Thank	d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Lizbil	ity Company is:
Principal Office Address:	Mailing Address:	
18821 Misty Lake Drive Jupiter, FL 33458	18821 Misty Lake Orivs Jupiter, FL 33458	
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its ow business emity with an active Florida registration.) The name and the Florida street address o Sarah McCain	n Registered Agont. You must designate an individual	OIVISION OF ON MAR 20
(The Limited Liability Company cannot serve as its ow business emity with an active Florida registration.) The name and the Florida street address of Sarah McCain	n Registered Agent. You must designate an individual f the registered agent are: Name	OIVISION OF ON MAR 20
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address o Sarah McCain 18821 Misty Lak	n Registered Agent. You must designate an individual f the registered agent are: Name (e Drive reet address (P.O. Box NOT acceptable)	DIVISION OF CO

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)

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or an authorized representative of a member.	0
on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)	9 MAR
	20
d or printed name of signee	=
zation and Designation	8: 10
	or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)