109000053044

. (Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
- (Document Number)
Certified Copies Certificates of Status
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D. BRUCE

JUN 0 2 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AQUALEO 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:	
Victor Gordon Andrew B. Coleman	IV
AQUALEO Productions	
(Firm/Company)	
11017 Lydia Estates Dr West	
Jackson ville FL 32218 (City/State and Zip Code)	
(City/State and Zip Code)	7
For further information concerning this matter, please call:	= 1
Victor Gordon at 904 418 - 1943 55 6	-
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times 130.00 Filing Fee & \$\times 155.00 Filing Fee & \$\times 160.00 Filing Fee, \$\times Certificate of Status & Certified Copy (additional copy is enclosed) \$\times Certified Copy (additional copy is enclosed)	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	



May 8, 2009

VICTOR GORDON 11017 LYDIA ESTATES DR JACKSONVILLE, FL 32218

SUBJECT: AQUALED PRODUCTIONS LLC

Ref. Number: W09000021780

We have received your document for AQUALED 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):

Please list the complete principal's office address.

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: 909A00015703 LLAHASSEE, P

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
AQUALEU Productions (Must end with the words "Limited Liabili	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Mrksonilite F1 32218	same - 1
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	ered Agent. You must designate an individual or another
	*
Victor Go.	ruon KL/
1974 Tuskegee Ro Florida street addi	ress (P.O. Box NOT acceptable)
Tack sonville City, State, as	FL THE THE
City, State, ar	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	nccept service of process for the above state. It imited this certificate, I hereby accept the appointment as it. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu	ure (REQUIRED)

(CONTINUED) Page 1 of 2

Francisco Francisco I
Franch Francisco
Frank Emanuel 8024 Allama Road ACKSONVILLE, FL
Julionville, PC
Victor Gordon
1976 Pusicaec Rd Jax, FC 32209
Andrew B. Coleman II
11017 Lydia Estates Dr
37218' Jax, FU
e date of filing: (OPTIONAL) be specific and cannot be more than five business days p
so specific and connect so more than 1110 september anyong
OS TALL
CRE CHAR
1 SSS
per or an authorized representative of a member.
ci of an authorized representative of a member.
action 600 400(2) Ploside Statutes the avantion
ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)

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)