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**FILED**  
09 JUL 20 AM 7:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**S. HAWKES**

JUL 21 2009

**EXAMINER**

• **PAT GUERNSEY, CPA**

*PAT GUERNSEY ACCOUNTING SERVICES, INC.*  
*Member American Society of Accountants*

**P. O. BOX 195549**  
**WINTER SPRINGS, FL 32719-5549**  
**PHONE (407) 365-2936**  
**FAX (407) 365-1669**

JULY 14,, 2009

Secretary of State  
Florida Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Overnight Delivery:  
409 E. GAINES STREET  
TALLAHASSEE, FL 32399

Dear Madam/Sir:

Enclosed for filing are **two executed copies** of the Articles of Organization for:  
acceptance of appointment for:

**FLORIDA PRODUCTION CONNECTION, LLC**

Please file document and return a filed copy of the Articles of Organization to the address  
above..

A check for **\$130.00** is enclosed; \$125 for registration and \$5 for a certificate of status.



PAT GUERNSEY  
Certified Public Accountant

ARTICLES OF ORGANIZATION  
OF  
**FLORIDA PRODUCTION CONNECTION, LLC.**

I, the undersigned, being the Member and Organizer of the Limited Liability Company hereby being formed under Chapter 608 of the Florida Statutes, does hereby adopt the following Articles of Organization for the Limited Liability Company under the laws of the State of Florida.

ARTICLE I: NAME

The name of this Limited Liability Company shall be:

**FLORIDA PRODUCTION CONNECTION, LLC**

ARTICLE II: ADDRESS

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

**5224 W. STATE ROAD 46, SUITE 406  
SANFORD, FLORIDA 32771**

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE, AND  
REGISTERED AGENT SIGNATURE

The name and street address of the registered agent are:

**SCOTT A SHRYOCK  
11560 MISSOURI AVENUE  
SANFORD, FLORIDA 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 as provided for in Chapter 608, F. S.

  
SCOTT A. SHRYOCK, Registered Agent

7/14/09  
Date

ARTICLE IV: MANAGER(S) OR MANAGING MEMBER(S)

The name and address of the Members (MBR) and Managing Member (MGRM)

ANDREW ELLO, MGRM  
P. O. BOX 621014  
ORLANDO, FL 32862

SCOTT A. SHRYOCK, MGRM  
11560 MISSOURI AVENUE  
SANFORD, FLORIDA 32771

**ARTICLE V:** Effective date of the organization shall be the date of filing with the State of Florida. In accordance with 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.)

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
SCOTT A. SHRYOCK

Page of 2 of 2

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