

LO9000077962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

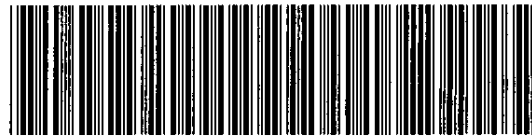
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600158918356

08/12/09--01013--023 **125.00

FILED
09 AUG 12 PM 12:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. ~~Office~~

AUG 13 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Macman Production 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:

Winston Brown

Name of Person

Firm/Company

PO BOX 895214

Address

Orlando FL 32868

City/State and Zip Code

AmaraS@embargmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Winston Brown

Name of Person

at

407, 561-4422

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

MACMAN PRODUCTIONS LLC

ARTICLE II

MAILING ADDRESS

PO BOX 682412
ORLANDO FLORIDA 32868

PRINCIPAL OFFICE ADDRESS

2201 RAVENALL AVENUE
ORLANDO FLORIDA 32811

ARTICLE III

REGISTERED AGENT

WINSTON BROWN
2201 RAVENALL AVENUE
ORLANDO FL 32811

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

ARTICLE IV

MANAGING MEMBERS

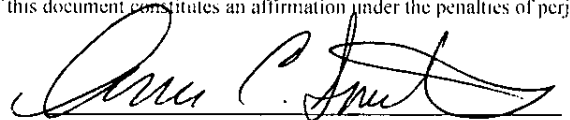
MANAGER: WINSTON T. BROWN
2201 Ravenall Avenue
Orlando Florida 32811

MANAGING MEMBER: AMARA C. SMITH
PO BOX 682412
Orlando, Florida 32868

ARTICLE V

EFFECTIVE DATE: _____ (FILING DATE)

(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.


WINSTON T. BROWN ~Manager
AMARA C. SMITH ~Managing Member

FILED
09 AUG 12 PM 12:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA