

L09000119743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

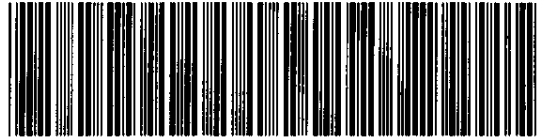
(Business Entity Name)

(Document Number)

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

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09 DEC 16 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

DEC 17 2009

EXAMINER

## Cover Letter

**To: Registration Section  
Division of Corporations**

**SUBJECT:** TOP KNOT FILMS LLC.

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph Keith Welch  
TOP KNOT FILMS LLC.  
219 NE 15<sup>TH</sup> avenue  
Ocala Fl. 34470

For further information concerning this matter, please call:

Joseph Keith Welch at 352-401-1820

Enclosed is a money order for the following amount:

\$125.00 Filing Fee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**FILED**  
09 DEC 16 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I- Name:**

The name of the Limited Liability Company is:

**TOP KNOT FILMS, LLC.**

**ARTICLE II- Address:**

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

**Principal Office Address:**

219 NE 15<sup>th</sup> avenue  
Ocala, Fl. 34470

**Mailing Address:**

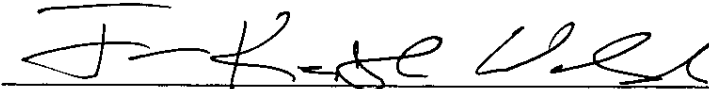
219 NE 15<sup>th</sup> avenue  
Ocala, Fl. 34470

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

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

Joseph Keith Welch  
219 NE 15<sup>th</sup> avenue  
Ocala, Fl. 34470

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

**ARTICLE IV- Manager(s) or Managing Member(s):**

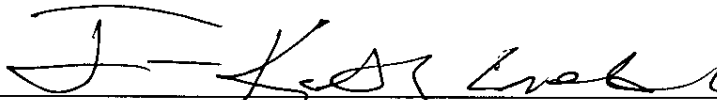
The name and address of each Manager or Managing Member is as follows:

Managing Member  
Craig Roberts Welch  
219 NE 15<sup>th</sup> avenue  
Ocala, Fl. 34470

Managing Member  
Joseph Keith Welch  
219 NE 15<sup>th</sup> avenue  
Ocala, Fl. 34470

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TALLAHASSEE, FLORIDA

**REQUIRED SIGNATURE:**



Managing Member/Registered Agent

(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.)



Name of Signee