## L10000003398

Rob Stirratt. (Requestor's Name)  6404 Fire Drive
6404 Ame Drive
(Address)
(Address)
Panama City Florida 3240 (City State/Zip/Phone #)
(City/state/Zip/Phone #)
☐ PICK-UP ₩AIT . ☐ MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lin	e: nited Liability Company i	s:	
	mod Blacking Company .	••	
	Brain Trust Prod	ductions LLC	
(Musi	end with the words "Limited Lia	bility Company," "L.L.C.," or "LLC.")	
ARTICLE II - Add	ress:		
The mailing address	and street address of the	principal office of the Limited	Liability Company is:
Principal Office Ad	ldress:	Mailing Address:	
6404 Pine Drive		6404 Pine Drive	
Panama City Beac	h Florida 32408	Panama City Beach Flo	rida 32408
(The Limited Liability Con business entity with an ac	npany cannot serve as its own Reg tive Florida registration.)	ed Office, & Registered Ager gistered Agent. You must designate an in	dividual or another
The name and the Fl	orida street address of the	e registered agent are:	JAN T
_	Rob €	Harritt Stirratt	
	Nam	ne	
_	6404 Pi	ne Drive	7 · C
	Florida street address (P.	O. Box NOT acceptable)	
_	Panama City Beach	FL	
	City, State,	, and Zip	

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)

(CONTINUED)

## Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>		Name and Address:	
"MGR" = Manag	ger		
"MGRM" = Man	aging Member		
MGRM		Rob Starritt Stirratt	
	<del>*************************************</del>	6404 Pine Drive	
		Panama City Florida 32408	
MGRM		Shawn Reed	
····	_	825 Concord Drive	
		Tallahassee Florida 72308	
		18118 KA 33EC F101/04 32:308	
MGRM		Ryan Ledford	
	_	207 Nautilus Street	
		Panama City Florida 32413	
·.		Turney Service	
MGRM		Mack Courter	
111-01-1111	_	14101 Pelican Street	
		Panama City Beach Florid 32413	
(Use attachment	if necessary)	141-44-4 6114 00000(+16116 36 10	
(Oso attachment	ii necessary)		
ARTICLE V: Effective	date if other than the date	of filing: (OPTIONAL)	
		ecific and cannot be more than five business days prior	
to or 90 days after the da		cine and cannot be more than five business days prior	
to or 50 days after the da	ite of fining.)		
REQUIRED SIG	CNATURE:		
<u>KEQUIRED</u> SI	- / / .)		
	Whi.		
	Signature of a member or	an authorized representative of a member.	
		### <b>###</b>	1
	(In accordance with section	608.408(3), Florida Statutes, the execution	فند
	that the facts stated herein a	s an affirmation under the penalties of perjury	1.20
			ï
		Proprinted name of signee	ng.
Filing Fees:	• •	or printed name of signee	1
rinig rees.	1	or printed name of signee	
\$125.00 Filing F	ee for Articles of Organizat	, and a second s	
of Regi	istered Agent	<del>-</del>	
	ed Copy (Optional)		
S 5.00 Certific	ate of Status (Optional)		

Bill Beauchamp 16815 Lisbon Avenue Panama City Beach Florida 32413

"Bo" Beauchamp 16815 Lisbon Avenue Panama City Beach FLorida 32413

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