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T. CLINE

FEB 23 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LUCKY Starz 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:	
Trudi Symantha Williams Name of Person	
hucky Starz Productions	
560 Peppergrass Run	
Royal Palm Beach FL 33411 FE S	מפות בר יים היים היים היים היים היים היים היים
ts williams 24@ accl. com	
For further information concerning this matter, please call:	
Trudi S. Williams at (561) 790-2041 Name of Person Area Code & Daytime Telephone Number	- -
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	
Mailing Address Registration Section Street/Courier Address Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Principal Office Address:	Mailing Address:
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company is
(Must end with the words "L	imited Liability Company," "L.L.C.," or "LLC.")
Lucky Star	The Productions L.C. imited Liability Company," "L.L.C.," or "L.L.C.")

ARTICLE I - Name:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
560 Peppergrass Run Royal Palm Beach Florida 33411	560 Pepperarass Run Royal talm Beach Florida 33411 For 2
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	Office, & Registered Agent's Signature:
	ntha Williams
560 Peppergro Florida street address (P.O. 1	
Royal Palm Beach City, State, an	FL 33411 d 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)

Page 1 of 2 (CONTINUED)

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ___ (If an effective date is listed, the date must be specific and cannot be more than five business days pr to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

of this document constitutes an affirmation under the penalties of perjury

S. WILLIAMS
Typed or printed name of signee