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D. BRUCE
MAY 1 1 2010
EXAMINER

COVER LETTER

то:	Registration S Division of C				
SUBJI	ECT: Free To	o Productions Name of Limi	ted Liability Company		
The en	closed Articles of	of Organization and fee(s) are	submitted for filing.		
Please	return all corres	pondence concerning this mat	tter to the following:		
	Fritz A. Josej	ph/Mishan Davezan			
			Name of Person		
	Free To Pro	oductions, LLC		žy z	.
			Firm/Company		
	3500 Univers	ity Blvd North, Apt 2201		HASS	D DK
			Address	E SE	<u> </u>
	Jacksonville,	FL 32277		Y OF ST	ş (
			ty/State and Zip Code		<u> </u>
	Freetoproduc	tions@gmail.com		2	
•		E-mail address: (to be used	for future annual report notification)		
For fur	ther information	concerning this matter, pleas	e call:		
Misha	n Davezan/F	ritz Joseph	at (904) 316-6153/90)4-444-3332	
	Name of Person Area Code & Daytime Telephone Number				
Enclos	sed is a check fe	or the following amount:			
⊒\$ 125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	160.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclos	
		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 Circ Tallahassee, FL 32301	le	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ny is:
FreeTo Productions, LLC	
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3500 University Blvd North, Apt 2201	3500 University Blvd North, Apt 2201
Jacksonville, FL 32277	Jacksonville, FL 32277
	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
Mishan Davezan	Name Road Road Pt address (R.O. Box NOT accountable)
Name S G	
4351 Woodley Creek Road	
Florida stre	et address (P.O. Box NOT acceptable)
Jacksonville,	FL 32218
Cit	ty, State, and Zip
liability company at the place designated	d to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all

egistered agent and agree to act in this capacity. I juriner agree to comply with the provisions of al 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:

	Title:	Name and Address:	
	"MGR" = Mana	nger naging Member	
	MORIVI - IVIA	maging Memoer	
	MGR	Fritz Joseph	
		3500 University Blvd North, Apt 2201	
		Jacksonville, FL 32277	
	MGR	Mishan Davezan	
		4351 Woodley Creek Rd	
		Jacksonville, FL 32218	
	(Use attachment	t if necessary)	
A D.T.I	CLEV. Dec.	data is athoughough and as as siling. May 11, 2010 (ODTIONAL	`
		e date, if other than the date of filing: May 11, 2010	•
•	90 days after the d	•	prior
		· · · · · · · · · · · · · · · · · · ·	
		ACON A STATE OF	
	REQUIRED S	IGNATURE:	
		Mod / Futr Posade	5
		Signature of a member or an authorized representative of a member.	
		(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.)	m
		Mishan R. Davezan/ Fritz A. Joseph	O
		Typed or printed name of signee	

Filing Fees:

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)