110000063167

(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:				
W1-27463				

Office Use Only



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06/07/10--01016--027 **130.00



D. BRUCE

JUN 14 2010

EXAMINER

EFFECTIVE DATE U5/10



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 8, 2010

BRIAN MORRISON PO BOX 520336 LONGWOOD, FL 32750

SUBJECT: BAM BAM PRODUCTIONS LLC

Ref. Number: W10000027463

We have received your document for BAM BAM PRODUCTIONS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 110A00014184

COVER LETTER

TO:	Registration Division of C						•	•
SUBJE	CT: MOI	RRISON PRODUCTIO	NS LLC					
SCBGE		Name of Limi	ted Liability C	Company				
The end	closed Articles	of Organization and fee(s) are	submitted for	filing.				
Please 1	eturn all corres	pondence concerning this mat	tter to the folio	owing:				
	BRIAN MOR	RISON						
			Name of Perso	on				
_	ВАМ ВАМ Р	RODUCTIONS LLC				_		
			Firm/Compar	y		A CO		
		•••					۷	43
_	PO BOX 520	336					Z	
			Address			<u> </u>		ľ
	LONGWOOD	FLORIDA 32750				H _C	10 JUN 11 PH 12: 2	
-	2011011002		ty/State and Zip	Code			<u> </u>	
,	morrisonores	ents@hotmail.com	-y					
	nom sompres	E-mail address: (to be used	for future annua	l report notification	on)	— >	63	
For furt	her information	concerning this matter, pleas	e call:	·	,			
BRIAN	MORRISO	N	_ at (_321)332-36	30			
	Name	of Person	Area	Code & Daytime	Telephone Numbe	Г		
Enclose	ed is a check f	or the following amount:						
□\$125.0	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified) Certified	e of Status		
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regi Divi Clift 2661	et/Courier Add stration Section sion of Corpora on Building Executive Cen phassee, FL 323	tions ter Circle			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited	Liubility Company, "L.L.C.," or "LI.C.")			
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited Liab	pility Company is:		
Principal Office Address:	Mailing Address:			
117 FIG TREE RUN	PO BOX 520336			
LONGWOOD, FLORIDA 32750	LONGWOOD, FLORIDA 32750			
117 FIG TREE RUN	Name	O JUNIT PH 2: 21		
	eet address (P.O. Box <u>NOT</u> acceptable)			
LONGWOOD Cit	FL 32750 ity, State, and Zip			
	d to accept service of process for the al	bove stated limited appointment as		

)___

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" = Manager "MGRM" = Managing Mem	her
	DC1
MGR	BRIAN MORRISON
	PO BOX 520336
	LONGWOOD FLORIDA 32750
MGR	BRETT MORRISON
	PO BOX 520336
	LONGWOOD FLORIDA 32750
(Use attachment if necessary ARTICLE V: Effective date, if other (If an effective date is listed, the date to or 90 days after the date of filing.	than the date of filing: 06/05/2010 (OPTIONAL) e must be specific and cannot be more than five business days prior
REQUIRED SIGNATURE	
Signature of	a member or an authorized representative of a member.
of this docur	ce with section 608.408(1), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury stated herein are true.)
***	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)