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B. KOHR
JUL - 9 2010
EXAMINER

TO THE LA PH L: 93

COVER LETTER

TO: Registration Section Division of Corporations
Division of Corporations SUBJECT: A ROD / Willy Product Fronz LLC Name of Vimited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gary Mild Colon Name of Person
A Papo/ Willy Productions all
3028 F/mwood Rd
Tallahossee Fl 32317 City/State and Zin Code
9 M1 Lile Com cost west E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee S155.00 Filing Fee S160.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status S160.00 Filing Fee. (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY		
ARTICLE I - Name: The name of the Limited Liability Company is:		
A fapo / willy Production 7 LLC." or "LLC." (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address: Mailing Address:		
Milliame Ramos POBOX 161226 Altomore Sping Fl Tallahossee Fl 22317		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are:		
Gany Middlefor		

Florida street address (P.O. Box NOT acceptable) Nullahobse 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

The name and address of each Manager or Managing Member is as follows:			
Title: "MGR" = Manage "MGRM" = Manage		Name and Address:	
MGRM	_	Willsom Romos POBOX 161226 Alternovic Sping F132716	
MGA	_	Altredo Granadas 201 Nusery Rd Linthicom MD 21090	
MGR	_	Gary Middleton. 3028 Elmwood Rd. Tallahossy Fl	
	_		
(Use attachment if ARTICLE V: Effective date is listed to or 90 days after the date.)	ate, if other than the date ed, the date must be spe	e of filing: (OPTIONAL) ecific and cannot be more than five business days prior	
REQUIRED SIGNATURE:			
	12,		
	Signature of a momber 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.)		
	Typed or printed name of signee		
Filing Fees:			

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

\$125.00 Filing Fee for Articles of Organization and Designation

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