L10000084273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

WD-37832

Special Instructions to Filing Officer:

Denise Costa

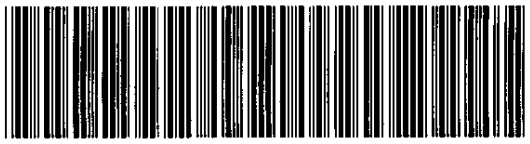
AUTHORIZATION BY PHONE TO

CORRECT Name

DATE 8/11/10

CK. EXAM Clt

Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 AUG -9 PM 2:44

AUG 11 2010

# COVER LETTER

**TO: Registration Section**
**Division of Corporations**

**SUBJECT:** Rainmakers Productions of Orlando 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:

Denise Carey- Costa
Name of Person

Rainmakers Productions of Orlando LLC
Firm/Company

1309 S. Oxalis Avenue
Address

Orlando, Florida 32807
City/State and Zip Code

Denise.Costa@Tales4Tails.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denise Carey- Costa at (407) 658-8385
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee ☒ $130.00 Filing Fee & Certificate of Status ☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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 Circle
Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**
The name of the Limited Liability Company is:

Rainmakers Productions of Orlando L.L.C.
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

10 AUG -9 PM 2:11
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**ARTICLE II - Address:**
The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

1309 S. Oxalis Ave
Orlando, Florida 32807

**Mailing Address:**

1309 S. Oxalis Ave
Orlando, Florida 32807

**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:

MARKS CUSTOM KITS INC.
Name

2217 WEST CLAY ST.
Florida street address (P.O. Box **NOT** acceptable)

KISSIMMEE FL 34741
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)**

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

| **Title:** "MGR" = Manager "MGRM" = Managing Member | **Name and Address:** |
|---|---|
| MGR | Denise Carey-Costa<br>1309 S. Oxalis Avenue<br>Orlando Florida 32807 |
| MGRM | Fred L. Franco<br>1309 S. Oxalis Avenue<br>Orlando, Florida 32807 |
| | |
| | |

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: _____. (OPTIONAL)
**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

**REQUIRED SIGNATURE:**

Denise Carey-Cate
**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.)

Denise Carey-Costa
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)**