

L10000104583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

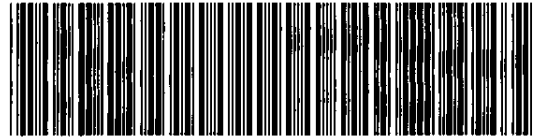
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**A. LUNT**  
OCT - 6 2010  
**EXAMINER**

Office Use Only



200185265642

09/14/10--01036--009 \*\*130.00

**FILED**  
2010 OCT - 5 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 15, 2010

MATENY GEFFRARD  
830 SW MCCOMB AVE.  
PORT ST. LUCIE, FL 34953

SUBJECT: CREATIVE PROJECTS MULTIMEDIA, LLC  
Ref. Number: L05000066829

We have received your document for CREATIVE PROJECTS MULTIMEDIA, 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 total amount due to reinstate is \$793.75.

There is no statutory provision for the waiver of the reinstatement fee.

There is a balance due of \$688.75.

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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

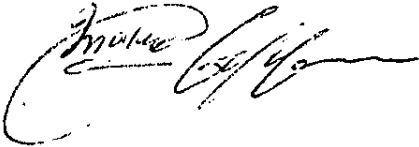
Letter Number: 810A00021996

Agnes Lunt,

Thank you for helping me out. I would rather create a new company name instead of re-  
instead Creative Projects Multimedia LLC. Later on within the future I will re-active it,  
but now, price it's a bit to much for me. The cash you have on hand will be substituted  
toward NUTT HOUSE RECORDS L.L.C. This is just a reminder of what we spoke about,  
thank you very much. You've help me a lot, thnx.

9/20/10

Mateny Geffrard

A handwritten signature in black ink, appearing to read 'Mateny Geffrard', written over a horizontal line.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: NUTT HOUSE RECORDS, 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:

MATEMY GEFARRO  
Name of Person

NUTT HOUSE RECORDS  
Firm/Company

830 SW MCCOMB AVE  
Address

PORT SAINT LUCIE, FL 34953  
City/State and Zip Code

NUTT HOUSE RECORDS PERMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATEMY / DARLINE at ( 561 ) 312-3434/951/1720  
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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

NUTT HOUSE RECORDS, L.L.C

(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:

830 SW McComb Ave  
PORT ST. LUCIE, FL 34953

#### Mailing Address:

830 SW McComb Ave  
PORT ST. LUCIE, FL 34953

### 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:

MATEWY GEFTRARD

Name

830 SW McComb Ave

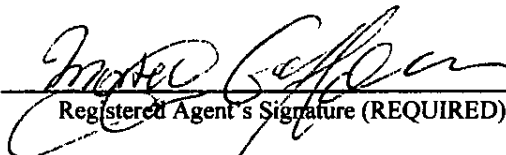
Florida street address (P.O. Box **NOT** acceptable)

PORT ST. LUCIE FL 34953

City, State, and Zip

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TALLAHASSEE, FLORIDA

*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:**

C.E. O

MATENY GEFFARD  
830 SW McCOMB AVE  
PORT ST. LUCIE, FL 34953

MGR/secretary

DARLINE ALEXIS  
830 SW McCOMB AVE  
PORT ST LUCIE, FL 34953

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TALLAHASSEE, FLORIDA

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(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:**

  
\_\_\_\_\_  
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.)

MATENY GEFFARD  
\_\_\_\_\_  
Typed or printed name of signer

**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)**