

L10000122925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

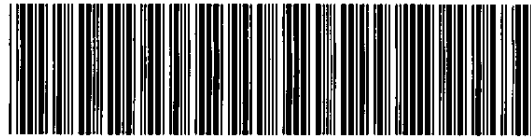
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800187857508

11/30/10--01018--025 \*\*160.00

RECEIVED

10 NOV 30 PM 12:54

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

10 NOV 30 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

NOV 30 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ULDCAMIT PRODUCTIONS  
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:

AL GRAHAM

Name of Person

ULDCAMIT PRODUCTIONS

Firm/Company

4905 34TH STREET SOUTH #318

Address

ST. PETERSBURG, FL 33711

City/State and Zip Code

uldcamitproductions@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AL GRAHAM

Name of Person

at ( 850 ) 322-4040

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:

UDREAM IT 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 the principal office of the Limited Liability Company is:

Principal Office Address:

4905 347th SW 7th #318  
ST. PETERSBURG, FLORIDA 33711

Mailing Address:

P.O. Box 17127  
CLEARWATER, FL 33762

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:

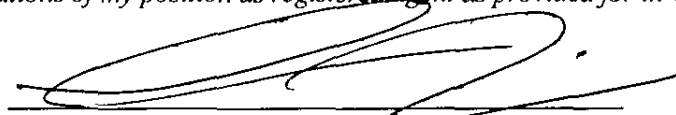
INGRID RECH  
Name

4905 347th SW 7th #318  
Florida street address (P.O. Box **NOT** acceptable)

ST. PETERSBURG FL 33711  
City, State, and Zip

FILED  
10 NOV 30 PM 4:08  
SECRETARY OF STATE  
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)

FILED

10 NOV 30 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

INGRID RICH MGRM

4905 34TH STREET SOUTH #318  
ST. PETERSBURG, FL 33711

ALFRED GALANAN MGRM

4905 34TH STREET SOUTH #318  
ST. PETERSBURG, FL 33711

OLLIE McBRIDE MGR

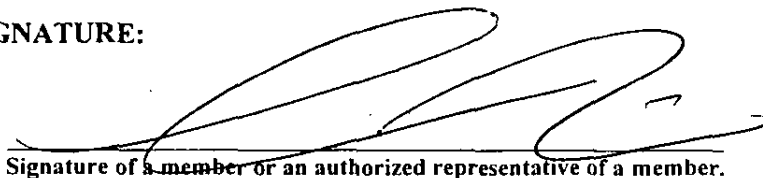
4905 34TH STREET SOUTH #318  
ST. PETERSBURG, FL 33711

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/25/10 (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

INGRID RICH

Typed or printed name of signee

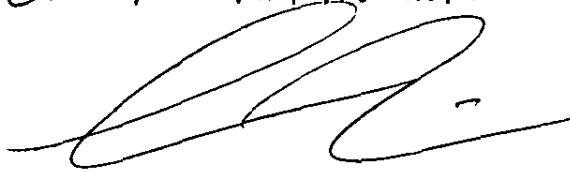
**Filing Fees:**

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

I, WE GIVE CONSENT TO CHANGE UDRAMIT PRODUCTIONS ZNC. TO  
UDRAMIT PRODUCTIONS LLC. I, WE AM THE OWNER OF UDRAMIT  
PRODUCTIONS ZNC.

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke at the end.

FILED  
10 NOV 30 PM 1:08  
CLERK OF STATE  
TALLAHASSEE, FLORIDA