

# L10000128332

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From:

Account Name : CSH SERVICES, LLC  
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**FLORIDA LIMITED LIABILITY CO.  
SHUGGAMOMA PRODUCTIONS LLC**

Certificate of Status	0
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**EXAMINER**

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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608 and/or 621, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

SHUGGAMOMA PRODUCTIONS LLC

**ARTICLE II ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

1229 NW 34TH AVE  
CAPE CORAL, FLORIDA 33993**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

ALVINA LAURENCE  
1229 NW 34TH AVE  
CAPE CORAL, FLORIDA 33993

Having been named as registered agent 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.

x. Alvina Laurence  
ALVINA LAURENCE / Registered Agent's signature

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SHUGGAMOMA PRODUCTIONS LLC

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER

ALVINA LAURENCE

1229 NW 34TH AVE

CAPE CORAL, FLORIDA 33993

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TALLAHASSEE, FLORIDA

.....  
x

*Alvina Laurence*

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.

ALVINA LAURENCE

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