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EFFECTIVE DATE 1-1-2011

10 DEC 29 PM 12: 40
SECRETARY OF STATE

B. BOSTICK
DEC 3 0 2010
EXAMINER

## **COVER LETTER**<sub>3</sub>

TO: Registration Section  Division of Corporations
SUBJECT: GJG AND SONS PRODUCTIONS, 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:
GIOACCHINO DI GIORGIO  Name of Person
GDG AND SONS PRODUCTIONS, LLC Firm/Company
3084 SE PINE VALLEY ST.
PORT ST. LUCIE FL 34952  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call:  GIOACCHINO SIGNORGIO at (772) 335-2277 PD  Name of Person Area Code & Daytime Telephone Number SIR
For further information concerning this matter, please call:  GIOACCHINO DIGIORGIO at (772) 335-2277 FIGURE Name of Person  Area Code & Daytime Telephone Number STAND PROPERTY OF THE PROPERT
\$125.00 Filing Fee \$\ \times \text{\$130.00 Filing Fee & Certificate of Status} \text{\$Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## The name of the Limited Liability Company is: GAND SONS PRODUCTIONS, LLC 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: 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:

**ARTICLE I - Name:** 

GIOACCHINO SIGIORGIO

3084 SE PINE VALLEY ST.

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

PORT ST. LUCIE, FL 34952

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..

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	•
MGR	GIOACCHINO JIGIORGIO 3084 SE PINE VALLEY ST.
	PORT ST. LUCIE, FL 34952
MGRM	DOMINIC DIGIORGIO 3350MPERRINE ST.
	PORT ST. LUCIE, FL. 3 4953
MGRM	ANTHONY DIGIORGIO
	2241 SE BARRINGTON ST. PORT ST. LUCIE, EL 34952
(Use attachment if necessary)	
CLE V: Effective date, if other than the dat	e of filing: TANUARY 1, 2011 (OPTIONAL)

ARTICLE V: Effective date, if other than the date of filing: <u>JANUARY 1, 2011</u> (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 \$\frac{1}{2}\$.817.155, F.S.)

10ACCHINO DI GIORGIO 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)

10 DEC 29 PM 12: 40
SEURLIARY OF STATE
ALLAHASSEE, FLORIDA