

L 11000019973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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02/16/11--01007--017 **37.00

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2011 FEB 15 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

FEB 16 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2011

WYCLIFF BROWN
SIRJUST MOVEMENT PRODUCTION
1578 QUAIL DRIVE APT 12
WEST PALM BEACH, FL 33409

SUBJECT: SIRJUST MOVEMENT PRODUCTION LLC
Ref. Number: W11000006691

We have received your document for SIRJUST MOVEMENT PRODUCTION LLC and check(s) totaling \$123.00 of which \$123.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$37.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 511A00002916



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 511A00002916

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIR Just Movement Production
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:

Zwycliffe Brown
Name of Person

Firm/Company

1578 Quail Drive, Apt. 12
Address

West Palm beach Fl. 33409
City/State and Zip Code

ZwycliffBrown@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zwycliffe Brown at (561) 275-6400
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:

SIR Just Movement Production, 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:

Mailing Address:

1578 Quail Drive, Apt. 12
West Palm Beach
FL 33409

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:

Wycliffe Brown

Name

1578 Quail Drive, Apt. 12

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

West Palm Beach FL 33409

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..

W Brown

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

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

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

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGRM

Wycliffe Brown
1578 Quail Drive, Apt. 12
West Palm beach Fl. 33409

MGRM

Laytonia Brown
1578 Quail Drive, Apt. #12
West Palm beach Fl. 33409

(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:

W Brown

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.)

Wycliffe Brown

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)