# L11000019991

(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:
Special instructions to Filling Officer.

Office Use Only



600193913786

02/14/11--01048--021 \*\*125.00

11 FEB 14 AM 10: 58

B. BOSTICK

FEB 1 6 2011

**EXAMINER** 

### **COVER LETTER**

T <b>ợ</b> :	Registration Section Division of Corporations	
SUBJE		
	Name of Limited Liability Company	
The end	closed Articles of Organization and fee(s) are submitted for filing.	
Please 1	return all correspondence concerning this matter to the following:	
	DENNIS FRIEBE	
	Name of Person	
-	MONOCLE PRODUCTIONS	
	Firm/Company	
	938 DELANEY CIRCLE # 107	
	Address	
-	BRANDON FLORIDA 33511 Pro-	
		-11
-	E-mail address: (to be used for future annual report notification)	Franktin
For furt	ther information concerning this matter, please call:	
De	ther information concerning this matter, please call:	
	Name of Person Area Code & Daytime Telephone Number⊅	
Enclos	sed is a check for the following amount:	
\$125.00	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{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 Tallahassee, FL 32314  Zefo1 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:

## MONOCLE 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:	Mailing Address:
938 DELANEY CIRCLE #107	938 DELANEY CIRCLE#107
BRANDON, FL. 33511	BRANDON, FL. 33571
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	

The name and the Florida street address of the registered agent are:	17		
DENNIS FRIERE	SECR ALLA	<b>11</b> F	
Name	#F.	8	11
938 DELANEY CIRCLE # 107	ARY SSEI		**********
Florida street address (P.O. Box NOT acceptable)	म्म ज्या राम्	=	1
Brandon FL 33511	mi co	<u></u>	
City, State, and Zip	TATE ORIDA	58	

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)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address: er
MGR	DENNIS FRIEBE  938 DELANEY CIRCLE # 107  BRANDON, FL. 33511
MGRM	JOHN QUINLIVAN  938 DELANEY CIRCLE # 107  BRANDON, FL. 53571
(Use attachment if necessary)  LE V: Effective date, if other t  fective date is listed, the date days after the date of filing.)	must be specific and cannot be more than five business da
LE V: Effective date, if other to fective date is listed, the date days after the date of filing.)  REQUIRED SIGNATURE:	must be specific and cannot be more than five business da  AND STATE  AND STA
LE V: Effective date, if other of fective date is listed, the date days after the date of filing.)  REQUIRED SIGNATURE:  (In accordance with seconstitutes an affirmat I am aware that any fa	must be specific and cannot be more than five business da
LE V: Effective date, if other of fective date is listed, the date days after the date of filing.)  REQUIRED SIGNATURE:  (In accordance with seconstitutes an affirmat I am aware that any faconstitutes a third degrees.)	must be specific and cannot be more than five business da  SSECTION OF STATE OF STAT

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

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)