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(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

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

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**A. LUNT**

MAR -2 2010

**EXAMINER**

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02/28/11--01061--008 \*\*125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 FEB 28 PM 1:16

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pure Xoul 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:

Rodney Moore  
Name of Person  
Pure Xoul Productions  
Firm/Company  
1807 Peakview Court  
Address  
Orlando FL 32818  
City/State and Zip Code  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

2011 FEB 28 PM 1:16  
TALLAHASSEE, FL 32301  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

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For further information concerning this matter, please call:

Rodney Moore at (407) 394 7549  
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:

Pure Xoul 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:**

1807 Peakview Ct  
Orlando FL 32818

1807 Peakview Ct  
Orlando FL 32818

**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:

Rodney Moore

Name

1807 Peakview Ct

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

Orlando FL 32818

City, State, and Zip

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ALLAHABAD, FLORIDA

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*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..*

Rodney Moore  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

MGR

**Name and Address:**

Rodney Moore  
1807 Peakview Ct  
Orlando FL 32818

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(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:**

Rodney C Moore

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.)

Rodney C Moore

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)**

State of Florida  
County of Broward

on this 23<sup>rd</sup> day of February 2011  
Rodney C. Moore appeared before me  
bearing a FL DL# M600723670830 as ID.

2/23/11



VINCENT MAIORINO  
MY COMMISSION # DD 657950  
EXPIRES: July 30, 2011  
Bonded thru Budget Notary Services

Vincent Maiorino  
Vincent Maiorino