

Jun 02 11 11:30a

Microsoft

L110000065056

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H11000143807 3)))



H110001438073ABCZ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CLARION VENTURES, INC.  
Account Number : I200300000026  
Phone : (801) 745-2814  
Fax Number : (801) 745-2785

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**

**Palm Valley Productions LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

RECEIVED

11 JUN -2 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 JUN -2 AM 10:12

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

**T. HAMPTON**

JUN -3 2011

**EXAMINER**

(((H11000143807 3)))

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Palm Valley Productions LLC**ARTICLE II - Address:**

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

Principal Office Address:67 San Juan DrivePonte Vedra Beach Florida, 32082Mailing Address:P.O. Box 2169Ponte Vedra Beach Florida, 32004**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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


Christopher B. White

Name

67 San Juan DriveFlorida street address (P.O. Box NOT acceptable)Ponte Vedra Beach, FLORIDA 32082

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, Florida Statutes.*

  
\_\_\_\_\_  
Registered Agent's Signature

(((H11000143807 3)))

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUN -2 AM 10:12

(((H11000143807 3)))

**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

**Name and Address:**

MGR

Christopher B. White

P.O. Box 2169

Ponte Vedra Beach Florida, 32004

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.**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.)

Christopher B. White

Typed or printed name of signer

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

(((H11000143807 3)))

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUN -2 AM 10:12