

L110000069792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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A. LUNT

JUN 15 2010

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Delaney 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:

Kelly A. Galea

Name of Person

Delaney Productions LLC

Firm/Company

1824 Delaney Avenue

Address

Orlando, FL 32806

City/State and Zip Code

delaney_productions@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly Galea

Name of Person

at (407) 601-6899

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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Delaney 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:

1838 Delaney Avenue
Orlando, FL 32806

Mailing Address:

1838 Delaney Avenue
Orlando, FL 32806

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:

Kelly A. Galea

Name

1824 Delaney Avenue

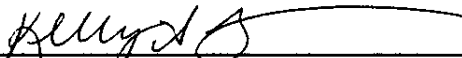
Florida street address (P.O. Box **NOT** acceptable)

Orlando

FL 32806

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

MGRM

Scott A. Pace
1838 Delaney Avenue
Orlando, FL 32806

MGRM

Walter G. Caldwell
1838 Delaney Avenue
Orlando, FL 32806

MGRM

Brendan A. Boyle
1824 Delaney Avenue
Orlando, FL 32806

MGRM

Kelly A. Galea
1824 Delaney Avenue
Orlando, FL 32806

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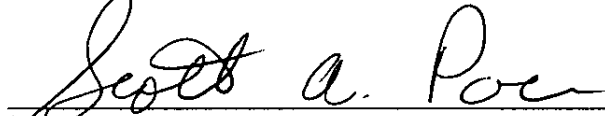
(Use attachment if necessary)

SEE ADDITIONAL MEMBERS ATTACHED

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:


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.)

Scott A. Pace

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)

ARTICLE IV ATTACHMENT

Title:

Name and Address:

MGRM

Mary Jo Gavin
1844 Delaney Avenue
Orlando, FL 32806

MGRM

Christine Anita Payne
2409 Miscindy Place
Orlando, FL 32806

MGRM

Jon Eldon Payne
2409 Miscindy Place
Orlando, FL 32806

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