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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e#)
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(Do	cument Number)	
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2011 AUG 24 PH P2: 27
SECRETARY OF STATE

C. LEWIS

AUG 2 5 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations
og.	or. The Waving Grain Film Convany LLC
SUDJE	Name of Limited Liability Company LLC
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
	William J. Molloway
-	Name of Person
	110001
-	Firm/Company
	SIY Baker St.
-	Address
	11
_	Orlando, FL 72906 City/State and Zip Code Wjarrodholloway & gmail. com
	E-mail address: (to be used for future annual report notification)
For furth	her information concerning this matter, please call:
W. J	Name of Person at (407) 865 - 0816 Area Code & Daytime Telephone Number
	Name of Person Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:
	Filing Fee \$\sim \square \text{\$130.00 Filing Fee & Certificate of Status}\$ Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the I	Limited Liability Compar	ay is:				
The W	Aving Grain Fi fust end with the words "Limited	Im Com	pany l	ر ا ر		
(N	fust end with the words "Limited	l Liability Comp	any, "L.L.C.," oi	r "LLC.")		
ARTICLE II - A The mailing addre	ddress: ess and street address of t	the principal	office of the	Limited Lia	bility Con	npany is:
Principal Office	Address:	<u>Mail</u>	ing Address	<u>:</u>		
514 Bake		K S	9ml q1	principal.	office	addres.
(The Limited Liability of business entity with an	Registered Agent, Regis Company cannot serve as its own active Florida registration.) Florida street address of William Java	Registered Age	nt. You must des	ignate an individ	ual or anothe SECRETAR SECRETAR	er
	514 Baker S	Name St,			Y OF STATE SEE, FLORID	
	Florida stre Orlando	eet address (P.C). Box <u>NOT</u> ac 3 2 8 0 L		ATE	27
	Ci	ity, State, and Z	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)

	nager or Managing Member is as follows: 2011 AUG 24 PM
<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	SECRETARY OF TALLAHASSEE, F
MGR	William J. Holloway
	SIY Baker St. orlando, FL 32806
	·
	·
(Use attachment if necessary)	
CLE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	he date of filing: (OPTIONA be specific and cannot be more than five business day there are an authorized representative of a member.
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem	be specific and cannot be more than five business day
CLE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with section 6 constitutes an affirmation under the days after that any false inforconstitutes a third degree felor	be specific and cannot be more than five business day

\$125.00 Filing Fee for Articles of Organization and Designation

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