111000102777

(Requestor's Name)			
(Address)			
,			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Dusings Entity Name)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
•			

Office Use Only



600211767836

09/07/11--01016--023 **160.00

IN SEP -7 AM 10: 56
SCURETARY OF STATE
ALLAHASSEE, FLORID,

D. BRUCE
SEP 0 8 2011
EXAMINER

COVER LETTER

	tion Section of Corporations		
SUBJECT: MA	AKESHIFT PRODU	CTIONS LLC	
	Name of Lim	ited Liability Company	
The enclosed Arti	cles of Organization and fee(s) are	e submitted for filing.	
Please return all c	orrespondence concerning this ma	atter to the following:	
Matth	ew Tonner		
watti	CW TOTIFIET	Name of Person	· · · · · · · · · · · · · · · · · · ·
Make	shift Productions LL	.C	
		Firm/Company	
1016	Densmore Dr		11 S
		Address	AHA Figure
Winter	Park, FL 32792		-7 AF
Matt To		ity/State and Zip Code	DF ST
iviatt. 10	nner@gmail.com E-mail address: (to be used	for future annual report notification)	85 56
For further inform	ation concerning this matter, pleas	se call:	
Matthew Tor	nner	at (321) 439-3009	
	Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a che	eck for the following amount:		
\$125.00 Filing Fe	e \$\int_\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Sertified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	of Status &
	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 Comp	pany is:	
Makeshift Productions LL		
(Must end with the words "Limi	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Li	iability Company is:
Principal Office Address:	Mailing Address:	
1016 Densmore Dr Winter Park, FL 32792	1016 Densmore Dr Winter Park, FL 32792	
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address Matthew Tonner 1016 Densm	of the registered agent are:	
	street address (P.O. Box <u>NOT</u> acceptable)	ATE PRID
Winter Park	EI 32792	A
	City, State, and Zip	
registered agent and agree to act in this statutes relating to the proper and compaccept the obligations of my position	ated in this certificate, I hereby accept th	he appointment as h the provisions of all m familiar with and

(CONTINUED)

Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Matthew Tonner 1016 Densmore Dr Winter Park FL 32792 MGRM **Brian Tonner** 216 Heatherwood Court Winter Springs FL 32708 (Use attachment if necessary) . (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: (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.) Matthew Tonner Typed or printed name of signee Filing Fees:

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

The name and address of each Manager or Managing Member is as follows:

\$125.00 Filing Fee for Articles of Organization and Designation

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