# L11000118847

(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
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## **COVER LETTER**

Division of Corporations				
SUBJECT: Panhandle Productions LLC				
Sobrett.	Name of Limited L		any	
The enclosed Articles of Organization	on and fee(s) are sub	mitted for filin	ıg.	
Please return all correspondence cor	ncerning this matter to	the following	g:	
Greg Picinic				
<u> </u>	Nar	me of Person		
Panhandle Pro	oductions L	.LC		
<del>- ' , , , , , , , , , , , , , , , , , , </del>	Fin	m/Company		
2824 Duffton I	_oop			
		Address		
Tallahassee, Florida	a 32303			
<u> </u>		te and Zip Cod	e	
gpic31@yahoo.com				·
E-mail ad	dress: (to be used for fu	iture annual rep	ort notification	
For further information concerning t	his matter, please cal	1:		
Greg Picinic	at	850	, 445-00	26
Name of Person		Area Code	e & Daytime To	elephone Number
Enclosed is a check for the follow	ving amount:			
<del></del>	Filing Fee & ate of Status	\$155.00 Filin Certified Co (additional cop	ру	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Division of P.O. Box	on Section of Corporations	Registrat Division Clifton E 2661 Exe	ourier Addression Section of Corporation Building ecutive Center	ns · Circle

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AK	HUL	L I	- 1	ame
The	name	of	the	Limi

ited Liability Company is:

# Panhandle 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:
2824 Duffton Loop	2824 Duffton Loop
Tallahassee, FL 32303	Tallahassee, FL 32303

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:

**Greg Picinic** Name 2824 Duffton Loop Florida street address (P.O. Box NOT acceptable) Tallahassee

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)

Page 1 of 2

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
"MGRM"	Greg Picinic
<del></del>	2824 Duffton Loop
	Tallahassee, Florida 32303
"MGRM"	Benjamin Ralys
	6636 Reigh Count Trail
	Tallahassee, Florida 32309
<del></del>	
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
,	ECRE TO ALL ARE
REQUIRED SIGNATURE:	ASSET TO SEE
Signature of a membe	er or an authorized representative of a member.
constitutes an affirmation under I am aware that any false inform	3.408(3), Florida Statutes, the execution of this document in the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
Greg Picinic	
Ťy	rped or printed name of signee
F P.	

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)