

L11 000134420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

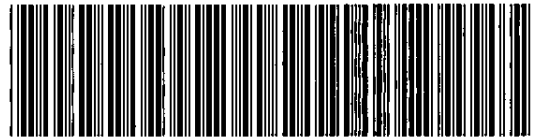
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900214350959

11/28/11--01034--017 \*\*125.00

FILED

11 NOV 28 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

NOV 29 2011

EXAMINER

EFFECTIVE DATE 01/01/2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Chelivia 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:

Raymond G. Console, Esquire

Name of Person

Cozen O'Connor

Firm/Company

457 Haddonfield Road, Suite 300

Address

Cherry Hill, NJ 08002

City/State and Zip Code

rconsole@cozen.com

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

For further information concerning this matter, please call:

Raymond G. Console

Name of Person

at ( 856 ) 910-5011

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

FILED  
11 NOV 28 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**Chelivia 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:**

14364 Stroller Way  
Wellington, FL 33414

**Mailing Address:**

14364 Stroller Way  
Wellington, FL 33414

**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:

Edwin S. Wilson

Name

14364 Stroller Way

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

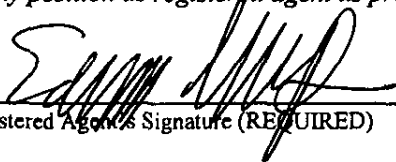
Wellington

FL 33414

City, State, and Zip

FILED  
11 NOV 28 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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

EFFECTIVE DATE 01/01/2012

**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

Edwin S. Wilson  
14364 Stroller Way  
Wellington, FL 33414

MGR

Maria Lynne Wilson  
14364 Stroller Way  
Wellington, FL 33414

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


11 NOV 28 AM 11:58

FILED

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 1/1/12 (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.)

Edwin S. Wilson

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)