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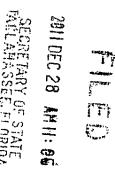
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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T. CLINE

DEC 30 2011

EXAMINATION

# **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: ANJ 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:	
MARK SAND	
Name of Person	
Firm/Company	
2400 E OAKLAND PK BLVD #100	
Address	
FT LAUDERDALE FL 33306	
City/State and Zip Code  MOJOLIVE777@ATT.NET  F-mail address: (to be used for future annual report potification)	r1
E-mail address: (to be used for future annual report notification)	- Ec.
For further information concerning this matter, please call:	,
MARK SAND  at (954) 733-7777  Name of Person  Area Code & Daytime Telephone Number	E .
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status \$\times 155.00 Filing Fee & Certificate of Status & 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 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 Company is:

# ANJ 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:

2500 CORAL SPRINGS DR #114

CORAL SPRINGS FL 33065

2400 E OAKLAND PK BLVD #100 FT LAUDERDALE FL 33306

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:

MARK SAND

Name

2400 E OAKLAND PK BLVD #100

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

FT LAUDERDALE

FL 33306

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 acc 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)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

	Name and Address:
"MGR" = Manager "MGRM" = Managing Mem	aber
MGRM	ANGELA BECKCOM
141 (141	2500 CORAL SPRINGS DR #114
	CORAL SPRINGS FL 33065
	,
The state of the s	
(Use attachment if necessary	/)
·	
CLE V: Effective date, if other	r than the date of filing: (OPTIONAL)
CLE V: Effective date, if other effective date is listed, the dat	r than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days p
CLE V: Effective date, if other	r than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days p
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CLE V: Effective date, if other effective date is listed, the date to days after the date of filing.  REQUIRED SIGNATURE  Signature of the date of filing.	r than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days p  a member or an authorized representative of a member.
CLE V: Effective date, if other effective date is listed, the date to days after the date of filing.  REQUIRED SIGNATURE  Signature of the date of filing.  (In accordance with some constitutes an affirm I am aware that any	r than the date of filing: (OPTIONAL)  the must be specific and cannot be more than five business days p  that member or an authorized representative of a member section 608.408(3), Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are true. Section 408.408(3), Florida Statutes, the Department of State ation under the penalties of perjury that the facts stated herein are true.
CLE V: Effective date, if other effective date is listed, the date to days after the date of filing.  REQUIRED SIGNATURE  Signature of the date of filing.  (In accordance with some constitutes an affirm I am aware that any	r than the date of filing: (OPTIONAL)  the must be specific and cannot be more than five business days p  a member or an authorized representative of a member section 608.408(3), Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are true.  Section 608.408(3), Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are true.  Segree felony as provided for in s.817.155, F.S.)

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)