

# L12000029887

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

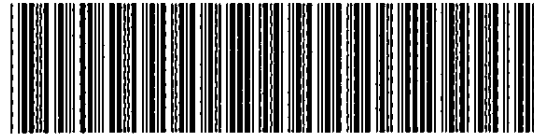
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

MAR - 1 2012

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Miracle Reel 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:

Joyce F. Sapp

Name of Person

Miracle Reel Production, LLC

Firm/Company

843 Northwest 64th Street

Address

Miami, Florida 33150

City/State and Zip Code

itsanu.incorporated@yahoo.com

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

For further information concerning this matter, please call:

Joyce F. Sapp

Name of Person

at ( 850 ) 627-8897

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**Miracle Reel 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:

843 Northwest 64th Street  
Miami, Florida 33150

#### Mailing Address:

Post Office Box 1308  
Quincy, Florida 32353

### 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:

**Barbara Ivey**

Name

**415 Talquin Resort Drive**

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

**Quincy**

**FL 32351**

City, State, and Zip

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*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.*

*Barbara Ivey*

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:

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**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Joyce F. Sapp

843 Northwest 64th Street

Miami, Florida 33150

MGRM

Marvin Hardley

114 Arlington Road

Montgomery, Alabama 36214

MGRM

Nellie Rember-Miller

Post Office Box 24954

Montgomery, Alabama

MGRM

Carl Millender

3874 Rainover

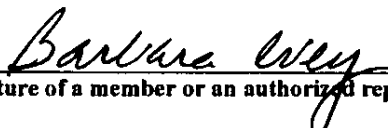
Atlanta, Georgia

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 02/29/2012 (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.)

**Barbara Ivey**

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)**

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

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

| <u>Title:</u> | <u>Name and Address:</u>   |
|---------------|--|
| MGRM          | Yancey J. Mitchell, III<br>3274 Central Plank Road<br>Wetumpka, AL 36092 |
| MGRM          | John Blair<br>2901 Desoto Way<br>St. Petersburg, FL 33712                |
| MGRM          | Cedric Blair<br>2901 Desoto Way<br>St. Petersburg, FL 33712              |
| MGRM          | Donald Crenshaw<br>Atlanta, Georgia                                      |
| MGRM          | Barbara Ivey<br>415 Talquin Resort Drive<br>Quincy, Florida 32351        |

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