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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
| (Business Enuty Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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ASECRETARY OF STATE
TALLAHASSEF FLORIE

J. SAULSBERRY EXAMINER

APR 2 2012

COVER LETTER

TO:

Registration Section

| Division of Corporations | | |
|--|--|---|
| SUBJECT: DJ6 Productions | LLC | the state of matter than the state state and compared |
| | ne of Limited Liability Compan | |
| | | ر با با ما |
| The enclosed Articles of Organization and | fee(s) are submitted for filing. | |
| Please return all correspondence concernir | ng this matter to the following: | |
| Donna Manahan | | |
| | Name of Person | |
| | | |
| | Firm/Company | ř |
| 9994 White a suince De | Ina Duive | 201 7A LL |
| 8231 Whispering Pa | Address | 2012 MAR 30 SECRETARY ALLAHASSE |
| | Address | IR 3 |
| Boca Raton, Florida 33 | 3496 | ं क्षेत्र के किल्ला के किल्ला के किल्ला किल्ला के किल्ला के किल्ला के किल्ला किल्ला के किल्ला के किल्ला के किल किल्ला के किल्ला के |
| | City/State and Zip Code | T S |
| donna2008@live.com | , , , , | क्रा ^भ े कर े |
| For further information concerning this ma | (to be used for future annual report atter, please call: | notification) |
| Donna Manahan | _{at (} 931) | 265-3009 |
| Name of Person | Area Code & | 2 Daytime Telephone Number |
| Enclosed is a check for the following a | umount: | |
| \$125.00 Filing Fee \$130.00 Filing Certificate of | | Certificate of Status & |
| Mailing Address Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL | reporations Registration reporations Division of Clifton Bui 232314 2661 Execu | Corporations |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| AKTICLE I - Name: | |
|--|--|
| The name of the Limited Liability Company is: | |
| DJ6 Productions LLC | |
| (Must end with the words "Limited Liabi | lity Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the property o | rincipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 8231 Whispering Palm Drive | 8231 Whispering Palm Drive |
| Boca Raton, Florida 33496 | Boca Raton, Floriida 33496 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.) | tered Agent. You must designate an individual or another |
| The name and the Florida street address of the | registered agent are: |
| Donna Manahan | HAR 30 HASSEE |
| Name | 13 |
| 8231 Whispering | Palm Dr |
| Florida street ad | dress (P.O. Box NOT acceptable) |

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..

FL 33496 City, State, and Zip

egistered Agent's Signature (REQUIRED)

Boca Raton

(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:

| MGRM | Donna Manahan | |
|--------------------------------------|---|--------------|
| | 8231 Whispering Palm Drive | |
| | Boca Raton, Florida 33496 | _ |
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| (Use attachment if necessary) | | |
| | | |
| LE V: Effective date, if other than | n the date of filing: March 28, 2012 . (OPT | ION/ |
| ffective date is listed, the date mu | ist be specific and cannot be more than five busine | ss da |

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.)

Donna Manahan

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)