Division of Corporations

Floridia Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: ROGERS, TOWERS, BAILEY, ET AL

Account Number : 076666002273

: (904)398-3911

Phone Fax Number

: (904)396-0663

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| 10 mm = 2 1 | Address: |  |  |  |
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## FLORIDA LIMITED LIABILITY CO. BETAJAC FILMS, LLC

| Certificate of Status | 0            |
|-----------------------|--------------|
| Certified Copy        | 0            |
| Page Count            | 02           |
| Estimated Charge      | \$<br>125.00 |

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BETAJAC Films, 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:

1551 Atlantic Blvd., Suite 300 Jacksonville, FL 32207

1551 Atlantic Blvd., Suite 300 Jacksonville, FL 32207

ARTICLE III - Registered Agent, Registered Office, & registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Elisa A. Demetree 1551 Atlantic Blvd., Suite 300 Jacksonville, FL 32207

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 (REOUIRED)

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SECRETARY OF STATE
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## 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

**MGRM** 

Name and Address:

Elisa A. Demetree 1551 Atlantic Blvd., Suite 300 Jacksonville, FL 32207

ARTICLE V - Effective date, if other than the date of filing: \_\_\_\_\_\_\_. (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.L.)

Elisa A. Demetree

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)