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EXAMINER

COVER LETTER

TO: Registration Division of	on Section Corporations	S. C. S. J. C.	s n F	
SUBJECT:	JEFF PALMER Name of Limite	PRODUCTIONS ed Liability Company	s uc	
The enclosed Article	es of Organization and fee(s) are s	submitted for filing.		_
Please return all corr	respondence concerning this matt	er to the following:		
·	JEFFERY	PALMER Name of Person		
JEFF	- PAUMER PA	20 DUCTIONS (SECRETALIZATION INCLUDING	ī
810	crestwood	Address	II PH SSEE, F	S.
ENG	LEWOOD FC	34223 //State and Zip Code	STATE LORIDA	D.
JEFF	E-mail address: (to be used f	PRODUCTIONS (Cor future annual report notification)	D YAHOO.CC	TM .
For further informati	ion concerning this matter, please	call:		
JEFF Na	PALMER une of Person	at (941) 915 2 Area Code & Daytime Telep	SSS Z hone Number	
•	k for the following amount:		1 160 - eu	closed
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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	Street/Courier Address Registration Section Division of Corporations Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

3.人子医髌上头生 1.1型

ARTICLE I - Name:

The name of the Limited Liability Company is:

JEFF PALMER PRODUCTIONS LCC
(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:	
810 crestwood Rd Englewood FC	SAME	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register	Office, & Registered Agent's Signature:	
business entity with an active Florida registration.)	AHA	1
The name and the Florida street address of the re TEFFELY H.	PACMER PACMER	
810 Crestwoo	STATE ORIDA	フ
Englewood	ress (P.O. Box <u>NOT</u> acceptable) FL 34223 te, 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 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 05/08/12

The name and address of each Manager or Managing Member is as follows:			
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGR	JEFFERY PALMER 810 crestwood RO Englewood FL 34223		
(Use attachment if necessary) ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	te of filing: 5/8/12. (OPTIONAL) pecific and cannot be more than five business days prior		
REQUIRED SIGNATURE: Signature of a member of	r an authorized representative of a member.		
constitutes an affirmation under the I am aware that any false informati constitutes a third degree felony as	8(3), Florida Statutes, the execution of this document e penalties of perjury that the facts stated herein are true. In submitted in a document to the Department of provided for in s.817.155, F.S.) H. PAMER Tor printed name of signee		
Typed or printed name of signee			

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)