

L12000065001

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000130349 3)))



H120001303493ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

FILED
12 MAY 14 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

Lucinda Askew Production LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

D. BRUCE
MAY 15 2012
EXAMINER

RECEIVED
12 MAY 14 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H12000130349 3

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**
In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

LUCINDA ASKEW PRODUCTION LLC

ARTICLE II ADDRESS

The principal office of the Limited Liability Company is:

1534 LASALLE STREET
TAMPA, FLORIDA 33594

The mailing address of the Limited Liability Company is:

PO BOX 324101
TAMPA, FLORIDA 33594

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

LUCINDA ASKEW
1534 LASALLE STREET
TAMPA, FLORIDA 33594

Having been named as registered agent 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.

x Lucinda Askew
LUCINDA ASKEW / Registered Agent's signature

FILED
12 MAY 14 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H12000130349 3

H12000130349 3

PAGE 2 LUCINDA ASKEW PRODUCTION LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS

MANAGING MEMBER

LUCINDA ASKEW

PO BOX 324101

TAMPA, FLORIDA 33594

FILED
12 MAY 14 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

x Lucinda Askew

Signature of a member or an authorized representative of a member (In accordance with section 608.408(8), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

LUCINDA ASKEW

H12000130349 3