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SECRETARY OF STATE

D. BRUCE
JUN 1 2 2012
EXAMINER

COVER LETTER

TO: Registration S Division of Co						
_{subject:} Rear	Window Production	ons, LLC				
Sobole 1.	Name of Limite			· · · ·		
The enclosed Articles of	of Organization and fee(s) are s	submitted for t	filing.			
Please return all corresp	oondence concerning this matt	er to the follow	wing:			
Victor Ale	exander Marquez	Name of Perso	n			
Rear Wir	ndow Productions					
		Firm/Company	/			
1412 Oce	ean Dunes Circle					
		Address		* \$ *		,
الاً Jupiter, FL	33477		```		JALL	12
	·	//State and Zip			AHA	¥O.F
ALEXO	REARWINDOWPR E-mail address: (to be used to	ODUCT I	ons. Com		SEY	= -
	concerning this matter, please		•		OF ST	PHE: 2
Bill Urquhart, CF	PA	_{at (} 561	358-2206	3	ATE RIDA	22
Name	of Person	Area	Code & Daytime Te	lephone Numl	ber	
Enclosed is a check for	or the following amount:					
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified	Filing Fee & Copy copy is enclosed)	Certified	ate of Sta	itus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regi: Divis Clift 2661	et/Courier Addres stration Section sion of Corporatio on Building Executive Center shassee, FL 32301	ns Circle		·

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Rear Window Productions, LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

1412 Ocean Dunes Circle Jupiter, FL 33477	1412 Ocean Dunes Circle Jupiter, FL 33477			
	Agent, Registered Office, & Registered Agent's Sign serve as its own Registered Agent. You must designate an individual or egistration.)			
The name and the Florida street	et address of the registered agent are:	5 7		
Victor Al	exander Marquez	記ります		
	Name SSR			
1412 (Ocean Dunes Circle	भ अ ।		
<u>—</u>	Florida street address (P.O. Box NOT acceptable)			
Jupiter	_{FL} 33477	1 60		
	City, State, 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 6/10/12

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

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

<u>Titl</u>		Name and Address:
	GR" = Manager	
"M	GRM" = Managing Member	
MG	RM	Victor Alexander Marquez
		1412 Ocean Dunes Circle
		Jupiter, FL 33477
	,	
(Us	e attachment if necessary)	
ARTICLE	V: Effective date, if other than the	ne date of filing: June 10, 2012 . (OPTIONAL)
If an effect	ive date is listed, the date must vs after the date of filing.)	be specific and cannot be more than five business days prior
RE	<u>QUIRED</u> SIGNATURE:	12 JU TALLAH
	Xthe	ASSEE
	Signature of a mem	ber or an authorized representative of a member 🤗 😩 📊
	constitutes an affirmation und I am aware that any false info	08.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are two permation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)
		nder Marquez
		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)