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(Ře	equestor's Name)	
(Address)		
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

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B. KOHR

JUL 1 0 2012

EXAMINER



300237195673

07/09/12--01019--006 **130.00

EFFECTIVE DATE 7 2 2012



COVER LETTER

	Registration Section Division of Corporations
SUBJEC	Productions Name of Limited Liability Company
The encl	seed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
_	Mike Wood Rame of Person EFFECTIVE DATE 22012
	Mike Wood Productions
_	3534 Beach Haven Cove Dr.
_	Pensacola, FL- 32507 City/State and Zip Code
_	City/State and Zip Code MLW1950 acl, Com E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
_ /	Name of Person at (850) 393-1633 Area Code & Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00 F	Certificate of Status Certified Copy (additional copy is enclosed) \$155.00 Filing Fee & Sertified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

EFFECTIVE DATE 7/2/2012

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

7,00
ARTICLE I - Name: The name of the Limited Liability Company is:
Mike Wood Productions LLC.
(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:
3534 Beach Haven Cove Dr. Pensacola FL 32507	Same
Pensacola FL 32507	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Michael L- Wood	
Name	
3534 Beach Haven Cove Dr	
Florida street address (P.O. Box NOT acceptable	e)
Pensacola FL 32507	
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

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

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	Mike Wood 3534 Beach Haven Cove Dr. Pensacola, Fr. 32507
(Use attachment if necessary)	<u>62</u>
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	e date of filing: <u>07-21.</u> (OPTIONAL) be specific and cannot be more than five business days prior
<u>REQUIRED</u> SIGNATURE:	
Signature of a member	er or) an authorized representative of a member.
(In accordance with section 608 constitutes an affirmation unde I am aware that any false infor	8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
	vped 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)