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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

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EFFECTIVE DATE 07/17/12



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SECRETARY OF STATE
FALL AHASSEF, FLORID

FILED

D. BRUCE

JUL 2 3 2012

**EXAMINER** 

# **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations	
SUBJECT: ZarWardee Productions, LLC	
Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Suzanne Chin-Taylor	
Name of Person	
Firm/Company	_
5969 Golden Eagle Circle	
Address	_
Palm Beach Gardens, FL, 33418	
City/State and Zip Code	_ Z
zarwardee@gmail.com	
E-mail address: (to be used for future annual report notification)	20
For further information concerning this matter, please call:	72
Suzanne Chin-Taylor at (561 ) 729-7687	PH 12: 53
Name of Person Area Code & Daytime Telephone Number	ယ
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \tag{\$130.00 Filing Fee & \tag{\$155.00 Filing Fee & \tag{\$160.00 Filing Fee,} \tag{\$160.00 Filing Fee} \tag{\$160.00 Filing Fee,} \$160.00 Filing Fee	
(manifoldi cop) is energy	,
Mailing AddressStreet/Courier AddressRegistration SectionRegistration Section	

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

APPROVE AND FILED

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTI	CI	$\mathbf{F}^{-}$	T _ `	Na	m	٠.
ANI	<b>.</b>				11116	٠.

The name of the Limited Liability Company is:

# ZarWardee 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:	<u>Mailing Address:</u>	
5969 Golden Eagle Circle	5969 Golden Eagle Circle	
Palm Beach Gardens	Palm Beach Gardens	
FL, 33418	FL, 33418	
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Suzanne E. Chin-T	Taylor Name  RYCO PRINCE  SET OF SET	AND
<del></del> _	eet address (P.O. Box NOT acceptable)	
Palm Beach Garde	• • •	
Cit	ity State and Zin	

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 07-17-12

# 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 = Manager	Suzanne E. Chin-Taylor 5969 Golden Eagle Circle Palm Beach Gardens, FL, 33418	
(Use attachment if necessary)		
	n the date of filing: 07/17/2012 . (OPTIONAL) ust be specific and cannot be more than five business days prior	
REQUIRED SIGNATURE:	SECRETARY TALLAHASSE	12 Jul 20
Signature of a m	ember 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.S.)

Suzanne E. Chin-Taylor

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)