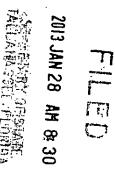
L13000015523

(Re	equestor's Name)	
. (Ac	ldress)	
(Ac	dress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



600243916376

600243916376 01/28/13--01026--008 **125.00



Office Use Only

J. SAULSBERRY EXAMINER JAN 30 2013 (850) 245-6051.

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MW 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:
Michael Ellison Warner
Name of Person
MW Productions
Firm/Company
9 Bienheim Court
Address
Palm Brach Gardens, Flarida, 33418 City/State and Zip Code
MWDroductions 89@amail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Warner at (561) 358-7883
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status \$\times 155.00 Filing Fee &

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liab	oility Company is:
MW Production (Must end with the	e words "Limited Liability Company, "L.L.C.," or "Ll.C.")
ARTICLE II - Address: The mailing address and stree	et address of the principal office of the Limited Liability Company is:
	t address of the principal office of the Elimited Eliability (5).
Principal Office Address:	Mailing Address:
	Mailing Address: 9 Blenheim Court Palm Beach Garden's, FL,33418
	Agent, Registered Office, & Registered Agent's Signature: t serve as its own Registered Agent. You must designate an individual or another registration.)
The name and the Florida stre	et address of the registered agent are:
5	COT E. WARNER
	Name
7100 7	Name Name PACE BEACH CARDONS First WAY DR Suite 44 PACE BEACH CARDONS
	Florida street address (P.O. Box <u>NOT</u> acceptable)
	FL 33418 City, State, and Zip
liability company at the pla registered agent and agree t	ered agent and to accept service of process for the above stated limited ace designated in this certificate, I hereby accept the appointment as to act in this capacity. I further agree to comply with the provisions of around roper and complete performance of my duties, and I am familiar with
	f my position as registered agent as provided for in Chapter 608, F.S
-	Acoreleaver
Reg	stered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Michael Warner
- ,	9 Dieahein Court Palm Beach Gardens, FL-33418
·····	
	he date of filing: (OPTIONAL) ust be specific and cannot be more than five business of
to or 90 days after the date of filing.) REQUIRED SIGNATURE:	
to or 90 days after the date of filing.) REQUIRED SIGNATURE: Mulder	U Mamuu ber or an authorized representative of a member.
REQUIRED SIGNATURE: Signature of a member	ber or an authorized representative of a member. 08.408(3), Florida Statutes, the execution of this document ter the penalties of perjury that the facts stated herein arctine, rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a member	ber or an authorized representative of a member. 08.408(3), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein arctive, rmation submitted in a document to the Department of State.