# L13000042026

(Re	questor's Name)	
(Ad	dress)	
(Address)		
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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B. BOSTICK
MAR 2 0 2013
EXAMINER

(850) 245-6051.

# **COVER LETTER**

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TO: Registration Section Division of Corporations
SUBJECT: SIX ONE & FILMS 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:
TERRY . A. VENSON II
t Name of Ferson
Firm/Company
1141 Kendall Town Blub - Unit 1310
JACKSON VIllE, PZ, 32225
City/State and Zip Code  City/State and Zip Code
For further information concerning this matter, please call:
TERRY VENSON II at 904 525 59/2 F
Enclosed is a check for the following amount:
□\$125.00 Filing Fee \$\frac{1}{2}\$
·

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 Liability Company is:

SIX one & Films 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:
1141 Kendall 1141 Kendall Town.
Jacksonville F1 32225 - Jacksonville F1 32225
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:
TERRY A. VENSON IT TO BE TO THE BEST TO TH
1141 Kendall TOWN BIVD Unip世中3/0
Florida street address (P.O. Box NOT acceptable)
ACKSONVILE FL 32325 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

(CONTINUED)

Registered Agent's Signature (REQUIRED)

and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Page 1 of 2

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)