

L130000070398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

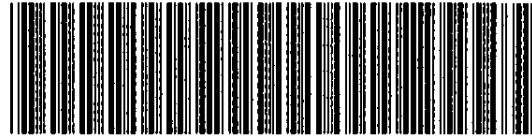
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/13/13--01008--021 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAY 13 AM 11:17

MAY 14 2013
T. HAMPTON

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROANO 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:

Stephen Proano

Name of Person

Proano Films, LLC

Firm/Company

1004 Ocean Avenue

Address

Boynton Beach, FL 33426

City/State and Zip Code

proano82@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Proano

Name of Person

at (561) 305-1029

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

Stephen Proano
1004 Ocean Avenue
Boynton Beach, FL 33426

Telephone: (561) 305-1029

May 4, 2013

FLORIDA DEPARTMENT OF STATE

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Attn: Registration Section

Re: *Registration of "PROANO FILMS, LLC", a Florida limited liability company*

Gentlemen:

We enclose in connection with the above referenced matter:

- a. Cover Letter;
- b. Our check number _____, dated ____/____/____, payable to the Florida Department of State in the amount of \$125.00, representing the required filing fee in the matter; and
- c. Two (2) duplicate original fully executed copies of the ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

We kindly request you cause the enclosed ARTICLES OF ORGANIZATION FOR PROANO FILMS, LLC to be filed among the records of the Florida Department of State - Division of Corporations, and request that a second duplicate original fully executed copy be filed stamped and returned to the undersigned in the enclosed self-addressed stamped envelope.

Should you have any questions, whatsoever, please contact the undersigned at (561) 305-1029; otherwise, thanking you again for your kind attention in this matter, we remain

Very truly yours,


Stephen Proano

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Proano 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:

1004 Ocean Avenue

Boynton Beach, FL 33426

Mailing Address:

1004 Ocean Avenue

Boynton Beach, FL 33426

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:

Stephen Proano

Name

1004 Ocean Avenue

Florida street address (P.O. Box **NOT** acceptable)

Boynton Beach

FL

33426

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)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Stephen Proano

1004 Ocean Avenue

Boynton Beach, FL 33426

MGRM

Adam Day

5266 Indianwood Village Lane

Lake Worth, FL 33463

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member 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.)

Stephen Proano

Typed or printed name of signer

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)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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STATE OF FLORIDA

COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 1st day of May, 2013,
by STEPHEN PROANO, to me personally known or who produced the following identification
HOSPITAL ID BADGE and who acknowledged before me that they executed the foregoing
instrument and that an oath was not taken.

Witness my hand and official seal in the County and State last aforesaid this 1st day of May, 2013
2013

My Commission Expires: 09.28.2013

Monica A. Cusimano
NOTARY PUBLIC,
Printed Name: MONICA A. CUSIMANO



MONICA A. CUSIMANO
NOTARY PUBLIC
STATE OF FLORIDA
Comm# DD907889
Expires 9/28/2013

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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