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| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/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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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

JUN = 3 2013

T. HAMPTON

COVER LETTER

| TO: | Registration S Division of Co | | | k | | ۽ ڏ | ` |
|----------------|----------------------------------|---|--|--|---------------|---------------------------------|---------------------------------------|
| | | anch Road Production | s LLC | | | | |
| SUBJ | ECT: | Name of Limit | ed Liability Compa | any | | | |
| | | | | | | | |
| The en | closed Articles o | of Organization and fee(s) are | submitted for filing | <u>;</u> . | | | |
| Please | return all corresp | oondence concerning this matt | er to the following | j. | | | |
| | Kevin J O'N | eill | | | | | |
| | | · · · · · · | Name of Person | | | | |
| | | | | | | | |
| | | | Firm/Company | | | | |
| | 1614 Monto | alm Street | | | | | |
| | | | Address | | | | * # * # # # # # # # # |
| | Orlando Flo | rida 32806 | | | | | |
| | picturekevin | Cit @gmail.com | y/State and Zip Code | | | | |
| | <u>'</u> | E-mail address: (to be used to | for future annual rep | ort notification | n) | | · · · · · · · · · · · · · · · · · · · |
| For fur | ther information | concerning this matter, please | call: | | | | |
| | in J O'Neill | • | 407 | | | | |
| | Name | of Person | _ at (Area Code |) & Daytime T | relept | none Number | |
| Englo | sad is a shask f | or the following amount: | | | | | |
| | | • | | - | _ | * 4 ** ** * * * * | |
| J\$ 125 | .00 Filing Fee | □\$130.00 Filing Fee & Certificate of Status | Certified Co (additional cop | ру | | Certificate Certified C | of Status & |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registrat Division Clifton B 2661 Exe | ourier Addrion Section of Corporati Building ecutive Centes See, FL 3230 | ions er Ci | rcle | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| A | DТ | 1771 | T | T | - Na | ma |
|---|----|------|------|---|-------|-----|
| А | ĸı | 11.1 | , r, | | - JV9 | me: |

The name of the Limited Liability Company is:

Olive Ranch Road 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> |
|---------------------------|-------------------------|
| 1614 Montcalm Street | 1614 Montcalm Street |
| Orlando Florida 32806 | Orlando Florida 32806 |
| | |

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:

| Kevin J O'Neill | |
|-----------------------------|-------------------------------|
| Name | |
| 1614 Montcalm Street | |
| Florida street address (P.O | O. Box <u>NOT</u> acceptable) |
| Orlando FL | 32806 |
| City, State, and 2 | 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

SECRETARY OF STATE DIVISION OF CORPORATIONS

| ARTICLE IV- Manager(s) or Managing Member(| . IV- Manager(s) or Managing Member(s) |
|--|--|
|--|--|

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| Title: | Name and Address: |
|--|---|
| "MGR" = Manager "MGRM" = Managing Member | |
| | Kevin J O'Neill |
| MGR | 1614 Montcalm Street |
| | Orlando Florida 32806 |
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