# 13000102512

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SECRETARY OF STATE

JUL 19 2013 J. BRYAN

#### COVER LETTER

TO: Registration Section **Division of Corporations** 

Define 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:

## Deborah Hurd

Name of Person

### **Define Productions**

Firm/Company

# 2261 Everglades Drive

Address

Miramar, FL 33023

City/State and Zip Code

#### creativemakeup@gmail.com

.F.-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah Hurd

Name of Person

Enclosed is a check for the following amount:

**□**\$130.00 Filing For &

Certificate of Status

**□\$155.00** Filling Fcc &

Certified Copy

(additional copy is enclosed)

\$160.00 Filling Fee, Certificate of Status &

Certified Copy

(additional conv 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 Tallahasson, FL 32201

ARTICLE I - Name:	
The name of the Limited Liability Comp	pany is:
	THE THE PARTY OF T
Define Productions, LLC	م المراجعة
(Must end with the words "Lim	nited Liability Company, "L.L.C.," or "Ll.C.")
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company's:
The mailing address and street address of	of the principal office of the Limited Liability Company is:  Mailing Address:
The mailing address and street address of	7
Principal Office Address:	Mailing Address:

The name and the Florida street address of the registered agent are:

Deborah Hurd	
Name	-
2261 Everglades Drive	_
Florida street address (P.O. Box NOT accept	able)
Miramar, FI_33023	
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)

Page 1 of 2

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

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

"MGR" = Manager	Name and Address:
"MGRM" = Managing Me	
MGR	A STATE OF THE STA
MOR	Rose Warner  2261 Everglades Drive
	Miramar, FL 33023
	Wilderland, 1 E 30025
	हिंद
	7.5
	***************************************
(Use attachment if necessar	
	an the date of filing: (OPTIONAL
LE V: Effective date, if oth	
ffective date is listed, the	must be specific and cannot be more than five business
LE V: Effective date, if oth ffective date is listed, the ear 90-days after the date of	
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ffective date is listed, the or 90-days after the date of	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent

Deborah Hurd

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

I am aware that any false information submitted in a document to the Department of State constitutes a third degree follows as provided for in a \$17.155, PS.)

Typed or printed name of signee