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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Chrystate/Liprenone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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(850) 245-6051.

COVER LETTER

TO: Registration : Division of Co			_	
SUBJECT:	Fear Name of Limit	less Dream	ner Product	ion gll
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.		
Please return all corresp	pondence concerning this matt	er to the following:		
	Fre	ederick Je Name of Person	hasoa	
<u></u>	Fearl	ess Dreamer	Production	3
	982 W.E	Brevarch, Apt. (20, Tatlahass	ee FL
	allahassee	$\frac{1}{2}$ /FL 32	304	3230
	tred in	y/State and Zip Code Son Lawre for future annual report notification)	quail.com	
For further information	concerning this matter, please		J	
Frederick	Johnson of Person	at (214) 725- Area Code & Daytime Telep	2502 phone Number	
Enclosed is a check f	or 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	Street/Courier Address Registration Section		

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

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:
Fearless Dreamer 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: 982 W Brevard St Tallonhassel FL Apt 20 32304 Mailing Address: 982 W. Brevard St Tallonhassel FL Apt C20 32304
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:
Frederick Johnson Name Name
Tallahassee FL Apt C70 32304
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

(CONTINUED)

Registered Agent's Signature (REOURED)

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:

NUN	= Manager	Name and Address:
"MGRM	1" = Managing Member	Frederick Johnson 1982 W.Brevard St. Apt C20 Tallamassae, FL. 32304
<u> </u>		
,		
	achment if necessary)	n the date of filing: (OPTIONAL)
CARCLE V. L		must be specific and cannot be more than five business days
(If an effective	ays after the date of filin	
(If an effective prior to or 90 da		

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)