

L13000150889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

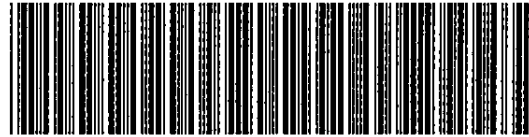
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2013 OCT 25 PM 4:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan OCT 20 2013

(850) 245-6051.

**COVER LETTER****TO: Registration Section  
Division of Corporations****SUBJECT:** WE 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:

Angela Rincon  
Name of PersonWE Productions LLC  
Firm/Company336 NE 57th Apt 2  
AddressMiami, FL 33157  
City/State and Zip Codeangelarincon1992@gmail.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Rincon  
Name of Personat ( 786 ) 352-3114  
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

(already paid)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 16, 2013

ANGELA RINCON  
336 NE 57TH STREET APT. 2  
MIAMI, FL 33137

SUBJECT: WE PRODUCTIONS, LLC  
Ref. Number: W13000057420

We have received your document for WE PRODUCTIONS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The articles of organization must be prepared in compliance with section 608.407, Florida Statutes. We are enclosing the appropriate forms and instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 813A00024181

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

WE 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:336 NE 57<sup>th</sup> St Apt 2  
Miami, FL 33137Mailing Address:336 NE 57<sup>th</sup> St Apt 2  
Miami, FL 33137

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Angela Rincon  
Name336 NE 57<sup>th</sup> St Apt 2Florida street address (P.O. Box NOT acceptable)Miami FL 33137

City, State, and Zip

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TALLAHASSEE, FLORIDA

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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)

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

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

**Title:**

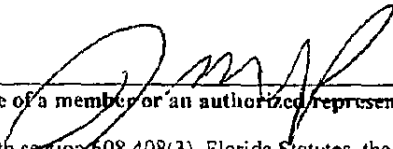
"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRAngela Rincon  
3376 NE 57<sup>th</sup> St Apt 2  
Miami, FL 33137MGRMDonilo Carrera  
7771 NW 7<sup>th</sup> Apt 418  
Miami, FL 33121

(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.)

Angela Rincon  
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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TALLAHASSEE, FLORIDA