

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
·
Special Instructions to Filing Officer:
<b>5</b>
W14-7765

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02/04/14--01023--014 \*\*130.00



B. BOSTICK

FEB 2 1 2014

**EXAMINER** 

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: GODSPEED FILMS
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:
Mi6uel FERRER.  Name of Person
60DSPEOD Films. Firm/Company
Firm/Company
<u>8577 Sω 137<sup>th</sup> AVE</u> Address
Address
Miamu, FL 33183 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
-tan
For further information concerning this matter, please call:
MIGUE FLYER at 786 2819500 3  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number  Enclosed is a check for the following amount:
\$125.00 Filing Fee \( \sum_{\text{Certificate of Status}} \) \$130.00 Filing Fee \( \sum_{\text{Certified Copy}} \) (additional copy is enclosed) \( \sum_{\text{Certified Copy}} \) (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICLE I - Name:</b> The name of the Limite	d Liability Company is	:					
	GODSPRED	Films	11.0	-			
(N	Aust end with the words	TICMS "Limited L	iability Con	npany, "L.L.	C" or "LLC	2.")	-
·				,, 2.2,	0,, 0, 550	<i>.</i> ,	
ARTICLE II - Address The mailing address and		orincipal offi	ce of the Li	mited Liabil	ity Company	' is:	
Principal Office Addr	ess:	<u>Mailing</u>	Address:				
8577 Sw 13 Mi <b>am</b> i, Fi	37th ave 33183		Aid	577 S ami, F	SW 137 L 3318	th au	<u>(</u>
ARTICLE III - Regist (The Limited Liability ( another business entity	Company cannot serve	as its own R	egistered A			: an indivi	idual or
The name and the Flori	da street address of the	registered a	gent are:				
	Na Ta Si 6290 Florida street address	ha ba	NZale=	7			
	(	Name					
	6240	Νω	173	nd Street	et API	T. 126	'n
	Florida street address	(P.O. Box <u>I</u>	NOT accept	able)	_		
	Mian	<u>u</u>	FL	330	<u> 15</u>		
	City			Zip			
the place designated capacity. I further ag	registered agent and to d in this certificate, I her eree to comply with the p m familiar with and acc Registered yele	reby accept to provisions of cept the oblig Chapter	he appointm all statutes gations of my 605, F.S.	nent as regist relating to th v position as	ered agent a e proper and	nd agree i I complete	to act in this e performance
	(C	ONTINUE	D)			-	<u> </u>
		Page 1 of 2				•• ′	egam many many sami sami

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Mibuel Flyker 8577 SW 13714 ANDE
AMBR MGR	Nagasha 60NZalez 6290 NW 173 STreet APT 12 Mami, FL 33015
(Use attachment if necessary)  CLEV: Effective date if other than the	the date of filing: (OPTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must ate of filing.)	ne date of filing: (OPTIONAL)  be specific and cannot be more than five business days prior to or 90 december 1.
CLE V: Effective date, if other than the effective date is listed, the date must ate of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 90 d
CLE V: Effective date, if other than the effective date is listed, the date must ate of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with seconstitutes an affirm I am aware that any it constitutes a third de	f a member or an authorized representative of a member.  action 605.0203 (1) (b), Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are true. Talse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than the effective date is listed, the date must ate of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with seconstitutes an affirm I am aware that any it constitutes a third de	f a member or an authorized representative of a member. ection 605.0203 (1) (b), Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are true. Talse information submitted in a document to the Department of State

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February 5, 2014

MIGUEL FERRER 8577 SW 137TH AVENUE MIAMI, FL 33183

SUBJECT: GODSPEED FILMS LLC Ref. Number: W14000007765

We have received your document for GODSPEED FILMS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 4, 2014. Please amend your document accordingly.

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.

Barbara Bostick Regulatory Specialist II

Letter Number: 214A00002664