

L14 0000 46156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

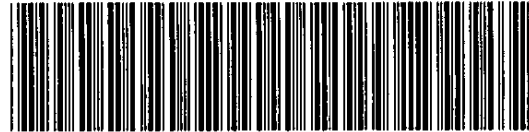
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/20/14--01011--013 **87.50

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DEPT. OF REVENUE
MAR 20 2014
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIRACLE REEL 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:

EMANUEL SAPP

Name of Person

MIRACLE REEL PRODUCTIONS LLC

Firm/Company

821-2nd STREET

Address

QUINCY, FLORIDA 32353

City/State and Zip Code

MIRACLEREELLLC@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EMANUEL SAPP

Name of Person

at (850)

Area Code

508-2447

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

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MIRACLE REEL 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:

821-2nd STREET
QUENY, FLORIDA 32351

Mailing Address:

P.O. Box 1308
QUENY, FLORIDA 32353

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:

EMANUEL SAPP

Name

821-2nd STREET

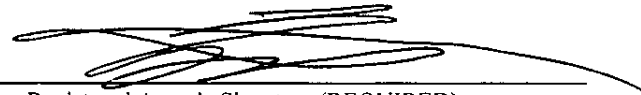
Florida street address (P.O. Box **NOT** acceptable)

QUENY FL 32351

City

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 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

MGR

AMBR

Name and Address:

EMANUEL SAPP
P.O. BOX 1308
QUANEY, FLORIDA 32353

CARL MELLENDER
3737 HOLCOMB BRIDGE
NORCROSS, GA. 30092

SHELEA MILLENDER
3737 HOLCOMB BRIDGE
NORCROSS, GA. 30092

JOYCE E. SAPP
843 NW 64 STREET
QUANEY, FLORIDA 33150

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03-15-2014 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

EMANUEL SAPP

Typed or printed name of Signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

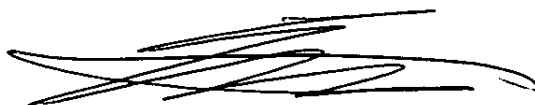
\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA

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I, Emanuel Sapp, do not wish to use Miracle Reel anymore.

L12000029887

A handwritten signature in black ink, appearing to be "Emanuel Sapp", written over a horizontal line.

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TALLAHASSEE, FLORIDA