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SECRETARY OF STATE OR OF CORPORATIONS
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APR - 9 2014 J. HARRIS

COVER LETTER

	istration Section sion of Corporations		
SUBJECT:	Second Fiddle Productions LLC		
	Name of Lin	mited Liability Company	
The enclosed	Articles of Organization and fee(s) a	re submitted for filing.	
Please return	all correspondence concerning this m	natter to the following:	
<u>J</u>	effrey Chamberlain Schenck		
		Name of Person	
_		Firm/Company	
<u>F</u>	O Box 2046		
		Address	
<u>v</u>	/inter Park, Florida 32790		
	C	City/State and Zip Code	
jschenc	k@schenck.com		· · · · · · · · · · · · · · · · · · ·
	E-mail address: (to be use	d for future annual report notifica	ation)
For further in	formation concerning this matter, plea	ase call:	
Jeffrey C. S	chenck at (f	407) 462-0881	
	Name of Person	Area Code Daytime Te	lephone Number
Enclosed is a	check for the following amount:		
3 \$125.00 Filin	g Fee \$\frac{130.00}{2}\$\$ 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	Street/Courier Add	ress
	Registration Section	Registration Section	ione

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

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:		
Second Fiddle 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 of	ffice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
631 Riverside Landing Drive Oak Hill, Florida 32759	PO Box 2046 Winter Park, Florida 32790	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration). The name and the Florida street address of the registered	Registered Agent. You must designate an individ n.)	ual or
Jeffrey Chamberlain Schenck		
Name		
631 Riverside Landing Drive	Nom	
Florida street address (P.O. Box	a NOT acceptable)	
Oak Hill	FL 32759	
City	Zip	
Having been named as registered agent and to accept ser the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obl Chapt Registered Agent's Signat	t the appointment as registered agent and agree to of all statutes relating to the proper and complete pligations of my position as registered agent as prover 605, F.S.	act in this performance
(CONTINU		REFERENCE
Boon Loft		ي

"AMBR" = Authorized Me	Name and Address:
	moer
"MGR" = Manager "MGR"	Jeffrey Chamberlain Schenck
	631 Riverside Landing Drive
	Oak Hill, Florida 32759
	<u></u>
(* '	
Use attachment if necessary	
f filing.)	
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ARTICLE IV-