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J. Shivers MAY 2 1 2000

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Big Bark Productions LLC	
Name of Lim	nited Liability Company
The enclosed Articles of Organization and fee(s) are	e submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Jeffrey Jacob Garcia	Name of Person
Big Bark Productions	Firm/Company
4111 NE 26th Terrace	Address
Lighthouse Point, FL 33064	ity/State and Zip Code
<u>jeffgedit@hotmail.com</u> E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, plea	
Jeffrey Jacob Garcia at ( 3  Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$125.00 Filing Fee	□\$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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
Big Bark Productions LLC (Must end with the words "Limitation")	ited Liability Company, "L.L.C.," or "LLC."	<u> </u>
ARTICLE II - Address: The mailing address and street address of the principal	al office of the Limited Liability Company is	:
Principal Office Address:	Mailing Address:	
4111 NE 26th Terrace Lighthouse Point, FL 33064	4111 NE 26th Terrace Lighthouse Point, FL 33064	
ARTICLE III - Registered Agent, Registered Offic (The Limited Liability Company cannot serve as its of another business entity with an active Florida registra	wn Registered Agent. You must designate an	n individual or
The name and the Florida street address of the registe	ered agent are:	
Ashley Simpson Garcia Na	ame	
4111 NE 26th Terrace Florida street address (P.O. I	Box NOT acceptable)	
<u>Lighthouse Point</u> City	FL 33064 Zip	
Having been named as registered agent and to accept the place designated in this certificate, I hereby accapacity. I further agree to comply with the provisio of my duties, and I am familiar with and accept the Registered Agent's Signature.	cept the appointment as registered agent and cons of all statutes relating to the proper and co	agree to act in this Implete performance
(CONTI	NUED)	AHASS
Page 1	of 2	3 KM II: 51

AMBR" = Authorized Member  MGR" = Manager  AMBR  Jeffrey Jacob Garcia  4111 NE 26th Terrace Lighthouse Point, FL 33064  Ashley Simpson Garcia  4111 NE 26th Terrace Lighthouse Point, FL 33064  Ashley Simpson Garcia  4111 NE 26th Terrace Lighthouse Point, FL 33064  (OPTIONAL)  ctive date, if other than the date of filing:  (OPTIONAL)  ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 days  f filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document  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.)  Ashley Simpson Garcia  Typed or printed name of signee	AMBR* = Authorized Member  MGR* = Manager  AMBR  Jeffrey Jacob Garcia  4111 NE 26th Terrace Lighthouse Point, FL 33064  Ashley Simpson Garcia  4111 NE 26th Terrace Lighthouse Point, FL 33064  Ashley Simpson Garcia  4111 NE 26th Terrace Lighthouse Point, FL 33064  (OPTIONAL)  CV: Effective date, if other than the date of filing: CV: Effective date, if other than the date of filing: CV: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of antember of an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document of the any false information submitted in a document to the Department of State constitutes an affirmation under the penalties of perjury that the facts stated herein are truer.  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.)  Ashley Simpson Garcia Typed or printed name of signee	Title:	Name and Address:
AMBR  Jeffrey Jacob Garcia 4111 NE 26th Terrace Lighthouse Point, FL 33064  Ashley Simpson Garcia 4111 NE 26th Terrace Lighthouse Point, FL 33064  Lighthouse Point, FL 33064  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document of the 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.)  Ashley Simpson Garcia  Typed or printed name of signee	AMBR  Jeffrey Jacob Garcia 4111 NE 26th Terrace Lighthouse Point, FL 33064  Ashley Simpson Garcia 4111 NE 26th Terrace Lighthouse Point, FL 33064  Lighthouse Point, FL 33	"AMBR" = Authorized Member	
AMBR  Ashley Simpson Garcia 4111 NE 26th Terrace Lighthouse Point, FL 33064  Ashley Simpson Garcia 4111 NE 26th Terrace Lighthouse Point, FL 33064  EV: Effective date, if other than the date of filing:  (OPTIONAL)  ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 days filing.)  EVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member of a number of state 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.)  Ashley Simpson Garcia  Typed or printed name of signee	Ashley Simpson Garcia  4111 NE 26th Terrace Lighthouse Point, FL 33064  Ashley Simpson Garcia  4111 NE 26th Terrace Lighthouse Point, FL 33064  Use attachment if necessary)  E.V.: Effective date, if other than the date of filing:  Cive date is listed, the date must be specific and cannot be more than five business days prior to or 90 days filing.)  E.V.: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of a number of signature of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document of 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.)  Ashley Simpson Garcia  Typed or printed name of signee  Filling Fees:	"MGR" = Manager	
Lighthouse Point, FL 33064  Ashley Simpson Garcia 4111 NE 26th Terrace Lighthouse Point, FL 33064  EV: Effective date, if other than the date of filing: (OPTIONAL) crive date is listed, the date must be specific and cannot be more than five business days prior to or 90 days f filing.)  EVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member yr an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this documents of the country of the state of 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.)  Ashley Simpson Garcia Typed or printed name of signee	Lighthouse Point, FL 33064  Ashley Simpson Garcia 4111 NE 26th Terrace Lighthouse Point, FL 33064  Use attachment if necessary)  E.V.: Effective date, if other than the date of filing:  Cive date is listed, the date must be specific and cannot be more than five business days prior to or 90 days filing.)  E.V.: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a nember of an authorized representative of a member.  (In accordance with section 005.0203 (1) (b), Florida Statutes, the execution of this document of a new 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.)  Ashley Simpson Garcia  Typed or printed name of signee  Filling Fees:	AMBR	
Ashley Simpson Garcia  4111 NE 26th Terrace Lighthouse Point, FL 33084  [Use attachment if necessary)  E. V: Effective date, if other than the date of filing:	Ashley Simpson Garcia  4111 NE 26th Terrace Lighthouse Point, FL 33064  Lighthouse Poi		
Athley Simpson Garcia  Typed or printed name of signee  4111 NE 26th Terrace Lighthouse Point, FL 33064  (OPTIONAL)  (In accordance with section of signee)	Use attachment if necessary)  E.V: Effective date, if other than the date of filing:		Lighthouse Point, FL 33064
Athley Simpson Garcia  Typed or printed name of signee  4111 NE 26th Terrace Lighthouse Point, FL 33064  (OPTIONAL)  (In accordance with section of signee)	Use attachment if necessary)  E.V: Effective date, if other than the date of filing:	AMBR	Ashley Simpson Garcia
Lighthouse Point, FL 33064  EV: Effective date, if other than the date of filing:	Lighthouse Point, FL 33064  Use attachment if necessary)  E.V: Effective date, if other than the date of filing:		
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