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PICK-UP	☐ WAIT	MAIL
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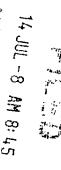


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TO ACKNOWLEDCE

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CORPORAT	E
ACCESS,	

When you need ACCESS to the world

TNIC

	INC. P.O. Box 37	236 East 6th Avenue. Tallahassee, Florida 32303 7066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666
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×	CERTIFIED COPY	
_	РНОТОСОРУ	
	cus	
X	FILING	Arts & Amends
1.	Dark Legion	Arts & Amends Productions, LLC
	(CORPORATE NAME AND DO	OCUMENT #)
2.	(CORPORATE NAME AND DO	OCUMENT #)
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J.	(CORPORATE NAME AND DO	OCUMENT #)
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6.	(CORPORATE NAME AND DO	CUMENT #)
SPECL	AL INSTRUCTIONS:	
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## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: DARK LEGION 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:		
ERIC W. FOSTER  Name of Person		
Firm/Company		
21110 NORDHOFF ST., UNITE C		
Address		
CHATSWORTH, CA 91311  City/State and Zip Code		
BMA_FRONTDESK@SBCGLOBAL.NET E-mail address: (to be used for future annual report notification)	,h	
For further information concerning this matter, please call:	TINF 1	
BRUCE MILLER at ( 818 ) 380-0480  Name of Person Area Code Daytime Telephone Number	-8 AM	enalizate di di di
Enclosed is a check for the following amount:	. ά	-
S125.00 Filing Fee Scrifficate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	<u>.</u>	

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahussee, 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

17.17	TICLES OF ORGANIZATION FO	OKTOMUMEN	HED CIADII 1	II COMPANI		
ARTICLE 1 - Nume	:					
The name of the Limi	ted Liability Company is:					
DARK LEGION PR		······································			****	
	(Must end with the words "Lim	ited Liability Cor	npany, "L.L.C	" or "LLC.")		
ARTICLE II - Addr	ess:					
The mailing address a	and street address of the princip	al office of the Li	mited Liabilit	y Company is:		
Principal Office Add	lress:	Mailing A	ddress;			
525 WRIGHT DR.		c/o BRU	CE MILLER	& ASSOCIATI	ES	
LAKE WORTH, FL	33461		AGNOLIA B			
		SHERMA	N.OAKSC	A 91403	•	
(The Limited Liability	stered Agent, Registered Offi y Company cannot serve as its c ty with an active Florida registr	awn Registered A	.,		individual or	
The name and the Flo	rida street address of the registe	ered agent are:				
	Paracorp Incorporated	i				
	N:	ame		<del></del>		
	236 East 6th Avenue					
	Florida street address (P.O.	Box NOT accept	able)	<del></del>		
	Tallahassee		32303			•
	City	F1	Zip			
the place designate capacity. I further t	Edylufy Registered Agents S	ccept the appointment on s of all statutes to obligations of multipler 605, F.S. Edu- ignature (REQUII	nent as registe relating to the y position as r	red agent and c proper and co	igree to act in this inplete performance	
					5	

Title: "AMBR" = Authorized Member	-Name and Address:	
"MGR" = Manager		
MGR	ERIC W. FOSTER	
	21110 NORDHOFF ST., UNITE C	
	CHATSWORTH, CA 91311	
<del></del>		
	•	
	1	
E V: Effective date, if other than the date of ective date is listed, the date must be speci	filing:	ays afí
ective date is listed, the date must be special filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem	fic and cannot be more than five business days prior to or 90 d	ays aft
E V: Effective date, if other than the date of ective date is listed, the date must be special filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem (In accordance with section 605.0 constitutes an affirmation under the ectivation of the ectivation under the ectivation of the ectivation o	per or an authorized representative of a member.  [203 (1) (b), Florida Statutes, the execution of this document is per penalties of perjury that the facts stated herein are true.	ays afi
E V: Effective date, if other than the date of ective date is listed, the date must be special filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem (In accordance with section 605.0 constitutes an affirmation under the lam aware that any lake information and the section of th	fic and cannot be more than five business days prior to or 90 d  per or an authorized representative of a member.	
E V: Effective date, if other than the date of ective date is listed, the date must be special filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem (In accordance with section 605, constitutes an affirmation under the lam aware that any false information stitutes a third degree felony constitutes a third degree felony constitutes a third degree felony constitutes as third degree felony constitutes.	per or an authorized representative of a member.  203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.  21 (1) (2) (3) (4) (5) (6) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	ays aff

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