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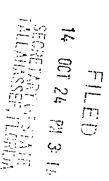
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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OCT 2 9 2014 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	,	
SUBJECT: DK Productions, LLC Name of L	imited Liability Company	
The enclosed Articles of Organization and fee(s)	are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Jared Kennedy		
	Name of Person	
DK Productions, LLC		
	Firm/Company	<u>-</u>
1216 Carraway St.		هيد ارن الله
	Address	FS
Tallahassee, FL 32308		<u> </u>
	City/State and Zip Code	har and the second
jaredkennedy@gmail.com	ed for future annual report notifica	Tion)
	•	ation) 岩点 中
For further information concerning this matter, pl	ease call:	
lored Konnedy	267 \.207 2742	
Jared Kennedy at (Name of Person	267) :307-3712 Area Code Daytime Tel	lephone 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	Street/Courier Addr	*ACC
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporati Clifton Building	ions
Tallahassee, FL 32314	2661 Executive Center	er Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
DK 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	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1216 Carraway St. Tallahassee, FL 32308	1216 Carraway St. Tallahassee, FL 32308
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 individual or on.)
Matthew DeStefano	
Name Name	
1505 West Tharpe St apt 161 Florida street address (P.O. Box	
Tallahassee	FL 32303
City	Zip
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 ob-	rvice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in ter 605, F.S
(CONTINU	ED)
Page 1 of 2	FILED 14 OCT 24 PN 3: 14 SEGRETAGY (FSTATE TALLAMASSES, PLORIDA

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Matthew DeStefano
MGR	Matthew DeStefano 1505 West Tharpe St apt 1613
	Tallahassee, FL 32303
	Tanana0300, 12 02000
MGR	Jared Kennedy
	1216 Carraway St.
	Tallahassee, FL 32308
(Use attachment if necessary)	
•	
ective date is listed, the date must be of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 d
ective date is listed, the date must be of filing.) E VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 d
ective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 90 d
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