## L14000185490

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Papabu Productions, UC.  Name of Limited Liability Company
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:
Nelis González
Name of Person
Firm/Company
2340 PALMETTO RD.
Address
West PALM BEACH, FLORIDA 33406  City/State and Zip Code  Nelis, Gonzulez Ogmail, Com  E-mail address: (to be used for future annual report notification)
News Address: (to be used for figure annual report notification)
For further information concerning this matter, please call:
Nelis Gonzalez at 561 315-6061  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$155.00 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



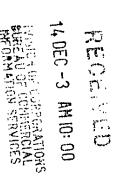
## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 18, 2014

NELIS GONZALEZ 2340 PALMETTO RD WEST PALM BEACH, FL 33406

SUBJECT: PAPABU PRODUCTIONS, LLC.

Ref. Number: W14000069447



We have received your document for PAPABU PRODUCTIONS, LLC. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must be in English and composed or comprised solely of letters, numerals, characters, or symbols found on a standard American or U.S. qwerty keyboard. Please amend the name of the limited liability company accordingly.

Please give only one person or company as registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown Regulatory Specialist II

Letter Number: 714A00024438

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:
The name of the Limited Liability Company is:
Papahu Productions, LLC.  (Musl end with the words "Limited Liability Company, "L.L.C.," or "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: Mailing Address:
2340 DALMETO RD. 2340 PALMETTO RD. 10.0.B. F1, 33406
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:
EPELIO HALO  Name
Name
9136 PARAGON WAY
Florida street address (P.O. Box NOT acceptable)
BOYNTON BEACH FL 33472
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)

Page 1 of 2

<u>itle:</u>	Name and Address:
AMBR" = Authorized Member	ī
MGR" = Manager	ALC ACCO CON DO DO
M(7/4	Ms. Nelis Go nzalez
	2340 PALMETO PD.
	West Palon Beach, F1. 33406
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