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(Re	equestor's Name)	
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PICK-UP	■ WAIT	MAIL
_	_	_
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Contified Conies	Cortificates	of Status
Certified Copies	_ Certificates	o o status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECHETARY OF STATE
TALL ALLASSEF FLORIDA

COVER LETTER

Division of	Corporations		
SUBJECT: Stag P	roductions, LLC.	nited Liability Company	
	Nume of Em	med Zidomiy Company	
The enclosed Articles	of Organization and fee(s) ar	e submitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	ŀ	Harrison P. Stagner Name of Person	
		Name of Person	
All the same than the same tha	Sta	g Productions, LLC.	
		Firm/Company	
	128	38 Country Club Road	
		Address	
		Breeze, Florida 32563	
		ity/State and Zip Code	
	E-mail address: (to be used	onstagner@gmail.com d for future annual report notifica	ntion)
For further information	on concerning this matter, plea	se call:	·
	P. Stagner at (_ ne of Person		lephone Number
Enclosed is a check for	or the following amount:		
☐ \$125.00 Filing Fee	□\$130.00 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)
	iling Address	Street/Courier Add	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

$\textbf{ARTICLES} \ \textbf{OF} \ \textbf{ORGANIZATION} \ \textbf{FOR} \ \textbf{FLORIDALIMITED} \ \textbf{LIMITED} \ \textbf{LIABILITY} \ \textbf{COMPANY}$

ARTICLE II - Address:	rds "Limited Liability Company, "L.L.C.," or "LLC."	")
The mailing address and street address of the	e principal office of the Limited Liability Company is	
Principal Office Address:	Mailing Address:	•
1288 Country Club Road	1288 Country Club Road	
Gulf Breeze, Florida 32563	Gulf Breeze, Florida 32563	 ,
	•	
	ered Office, & Registered Agent's Signature:	
	ve as its own Registered Agent. You must designate an	n individual or
another business entity with an active Florid	ia registration.)	
The name and the Florida street address of the	he registered agent are:	- * * / -
		A T
Harrison P. Stagne		
	Name	
•	·	Ho I U
1289 Country Club	N Doad	
1288 Country Club		· 治療 全 口
	o Road ess (P.O. Box <u>NOT</u> acceptable)	FLOR
		ب ب سم
Florida street addre	rss (P.O. Box <u>NOT</u> acceptable) FL 32563	93 f

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

	Name and Address:	
"AMBR" = Authorized Member	·	
"MGR" = Manager		
MGR	Harrison P. Stagner	
	1288 Country Club Road	
·	Gulf Breeze, Florida 32563	
		,
•		
	<u> </u>	
	· ,	
(Use attachment if necessary)		
EV: Effective date, if other than the date	of filing:	
EV: Effective date, if other than the date fective date is listed, the date must be spe	of filing: (OPTIONAL) scific and cannot be more than five business days prior to or 90	days after
EV: Effective date, if other than the date	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90	days after
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JE V: Effective date, if other than the date fective date is listed, the date must be spend of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90	ZOIS JAN SECRET
JE V: Effective date, if other than the date fective date is listed, the date must be spend filling.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under the section of the s	ecific and cannot be more than five business days prior to or 90	2015 1 ALC 1 ALC

Page 2 of 2

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)