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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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15 MAR 23 PM 3:23  
TALLAHASSEE, FL  
STATE OF FLORIDA

TO:

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FROM:

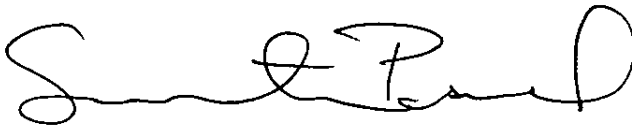
Samantha Pearsaul  
Pear & Thorn Productions  
13645 111<sup>th</sup> street  
Fellsmere, FL 32948  
772.321.3049

To Whom It May Concern:

Please find attached the signed Articles of Organization for Florida Limited Liability Company form to register Pear & Thorn Productions, LLC.

Thank you for your time. Please notify either Samantha Pearsaul or David Pearsaul (contacts provided within) if there are any questions or other forms due.

Sincerely,



3/17/2015

Samantha Pearsaul

FILED  
15 MAR 20 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pear & Thorn 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:

Samantha Pearsaul  
Name of Person

Pear & Thorn Productions  
Firm/Company

13645 111<sup>th</sup> St  
Address

Fellsmere, Florida 32948  
City/State and Zip Code

Samantha.Pearsaul@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha Pearsaul at ( 772 ) 321-3049  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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)

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

FILED  
15 MAR 20 10 50 AM  
TALLAHASSEE, FL  
CLERK OF COURT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pear & Thorn 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 office of the Limited Liability Company is:

Principal Office Address:

13645 111<sup>th</sup> St  
Fellsmere, FL 32948

Mailing Address:

13645 111<sup>th</sup> St  
Fellsmere, FL 32948

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:

David Pearsaul

Name

13645 111<sup>th</sup> St

Florida street address (P.O. Box NOT acceptable)

Fellsmere

City

FL

32948

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..*

David Pearsaul

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
15 MAR 20 PM 09:20  
SECRETARY  
TALLAHASSEE, FL

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

**Name and Address:**

David Pearsaul

13645 111<sup>th</sup> St

Fellsmere, FL 32948

Samantha Pearsaul

13645 111<sup>th</sup> St

Fellsmere, FL 32948

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Samantha Pearsaul

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document 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.)

Samantha Pearsaul

Typed or printed name of signee

**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)

FILED  
15 MAR 20 PM 3:20  
DEPARTMENT OF STATE