

L 15000069591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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15 MAR 31 PM 5:51
CLERK OF STATE
TALLAHASSEE, FLORIDA

471-15-a

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BLACK BOOTS FILMS, 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:

AMIT KUMAR
Name of Person

Firm/Company

8550 TOUCHTON ROAD, #1626
Address

JACKSONVILLE, FL 32254
City/State and Zip Code

AKR@69MP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AMIT KUMAR at (904) 383-0273
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BLACK BOOTS FILMS, 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:

8550 TOUCHTON ROAD, #1626
JACKSONVILLE, FL 32254

Mailing Address:

8550 TOUCHTON ROAD, #1626
JACKSONVILLE, FL 32254

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:

AMIT KUMAR

Name

8550 TOUCHTON ROAD, #1626

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

JACKSONVILLE

City

FL 32254

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)

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

Name and Address:

AMIT KUMAR

8550 TOUCHTON ROAD, #1626

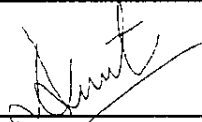
JACKSONVILLE, FL 32254

(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:



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.)

AMIT KUMAR

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)

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DATE Mar 24/15 Inv# Amt Inv# Amt
AMOUNT \$125.00 7724.01MAR252015 125.00
ACCOUNT 5
PAID TO Florida Department of State

Corporate Filing Fee - File#7724.01 - MHG

6589

HAMRICK & EVANS, LLP
111 UNIVERSAL HOLLYWOOD DR. STE 2200
UNIVERSAL CITY, CA 91608
(818) 763-5292

CITY NATIONAL BANK
UNIVERSAL CITY 818-487-1040
4605 LANKERSHIM BLVD
N HOLLYWOOD, CA 91602
16-1606/1220

March 24, 2015 125.00

DATE AMOUNT

*** One Hundred Twenty Five ***** 00/100

PAY
TO THE ORDER OF Florida Department of State



AUTHORIZED SIGNATURE

MEMO Corporate Filing Fee - File#7724.01 - MHG

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