

L15000070501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

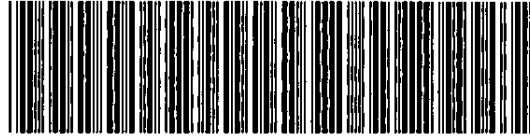
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/09/15--01012--016 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR -9 PM 4:25

APPROVED
AND
FILED

VH

April 7, 2015

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern;

Enclosed you will find the necessary Articles of Organization as well as a certified check in the amount of \$125.00 pursuant to Miccosukee Productions, LLC. Please feel free to contact me at (727) 520-4025 or email me at MiccosukeeProductions@Gmail.com with any updates or issues.

Thank you,

A handwritten signature in black ink, appearing to read "Melody Delaney". The signature is fluid and cursive, with a large loop at the end.

Melody Delaney
Miccosukee Productions, LLC
2531 Stone House Ct.
Tallahassee, FL 32301

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Miccosukee 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:

Melody Delaney
Name of Person

Miccosukee Productions
Firm/Company

2531 Stone House Court
Address

Tallahassee, Florida 32301
City/State and Zip Code

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

For further information concerning this matter, please call:

Melody Delaney at (727) 520-4025
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

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AND
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 15 APR -9 PM 4:25

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Miccosukee 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:

Mailing Address:

2531 Stone House Court
Tallahassee, FL
32301

2531 Stone House Court
Tallahassee, FL
32301

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:

Anna Marie Patrick
Name

1021 Commercial Drive
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32310
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.

Anna Marie Patrick

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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AND
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15 APR -9 PM 4: 25

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:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Melody Delaney

2531 Stone House Court

Tallahassee, FL 32301

AMBR

Anna Marie Patrick

1021 Commercial Drive

Tallahassee, FL 32310

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: April 10, 2015 (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.)

Melody Delaney

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)