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COVER LETTER

Registration Section Division of Corporations	ş
ECT: Josh Pray C	Omedy LLC Limited Liability Company
closed Articles of Organization and fee(s)	are submitted for filing.
return all correspondence concerning this	matter to the following:
Jody Mu	Name of Person
	Firm/Company
4270 Jack Fra	S+ C+ #7 Address
Noples, FL34	1172 City/State and Zip Code
OShDray Come Elmail address: (to be u	dy @ gmcil. com sed for future annual report notification)
ther information concerning this matter, p	lease call:
Name of Person at	(760) 452-5990 Area Code Daytime Telephone Number
ed is a check for the following amount:	
0 Filing Fee \$\sum \text{S130.00 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	Street/Courier Address Registration Section
Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
1	Division of Corporations CCT: Josh Pray Care Name of It closed Articles of Organization and fee(s) return all correspondence concerning this Josh Pray Care Elmail address: (to be under information concerning this matter, part of Person at Name of Person Mailing Address Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	
Josh Pray Comedy (Must end with the words "Limited"	LLC
(Must end with the words "Limited"	Liability Company, "L.E.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4270 Jack Frost C+#Z Naples, FL 34112	4270 Jack Frost C+#Z Naples, F+ 34117
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	agent are:
Jody Mu Name	tt
Name	
47.70 Jack From	s+ C+ #2
Florida street address (P.O. Box	NOT acceptable)
Noples	FL 34//2
' City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions o of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance igations of my position as registered agent as provided for in er 605, F.S
	<u>/ 49</u>
Registered Agent's Signati	ME (KEQUIKED)

Page 1 of 2

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Mgc	Jody Muff 4270 Jack Frost #2 Naples, FL 34112
Mgc	Josh Pray Lone 1410 Tiffony Lone # 25 Noples, FL 34105
	of filing: 06-1-2015 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
(In accordance with section 605 constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document r the penalties of perjury that the facts stated herein are true mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)

Filing Fees:

Tody Muff
Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)