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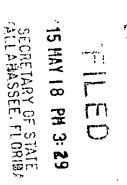
(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bı	usiness Entity Nan	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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WAP 5/20/15

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	istration Section sion of Corporations	45	• • •	•.
SUBJECT:	Cartoon Vids	L.L.C.		
Songer.		d Liability Company		
The enclosed	Articles of Organization and fee(s) are su	bmitted for filing.		
Please return	all correspondence concerning this matter	to the following:		
	Brandon C	ollins		
	1	Name of Person		
	Cartoon Vids	LL.C.		
	9505 FOX TI	rot Lane		;
		Address		
	Boca Raton brandon C 561 6	FL,	33496	
	brandon C 561 6	State and Zip Code 9 + + · net		
	E-mail address: (to be used for			
For further info	rmation concerning this matter, please ca	D:		
<u> </u>	Brandon Collins at 56	1 451 -	4128	
	Name of Person Area		one Number	
Enclosed is a	check for the following amount:			
\$125.00 Filin	Certificate of Status	\$155.00 Filing Fee & Certified Copy additional copy is enclosed)	(additional copy is enclose	=
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Registration Section Division of Corpor Clifton Building 2661 Executive Cer Tallahassee, FL 32	ARY OF ations	Y 18 PH 3: 23

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability	Company is:				
_ · _ C	artoon	Vids	۷.	L · C ·	
	th the words "Limited				
ARTICLE II - Address: The mailing address and street add	ress of the principal c	office of the Lim	nited Liability	Company is:	
<u>Principal</u>	Office Address:			Mailing Addr	ess:
9505 For Bocg Ro 33496	ton FL.	<u>e</u>	95 Bo	05 Fix 09 Ratol 13496	Trot lanc
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an act	innot serve as its own	Registered Age			ividual or
The name and the Florida street ad-					
	Brando	n Coi	llins		
	<u>Brando</u> 9505 1	Name Fox Tro	t Can	e	
•	Florida street addres	s (P.O. Box <u>NC</u>	T acceptable)	
_	Boca Ra	ton t	-2	33/96	
	City	State		Zip	
laving been named as registered age lace designated in this certificate, I l					

На pla 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)

Page 1 of 2

	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
(If an e	ffective date is listed, the date must be specifications.)	re of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not	1
(If an e the date Note: the doc	CLE V: Effective date, if other than the dat ffective date is listed, the date must be see of filing.)	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not	
(If an e the date Note: the doc	CLE V: Effective date, if other than the dat ffective date is listed, the date must be see of filing.) If the date inserted in this block does not cument's effective date on the Department CLE VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not	1
(If an e the date Note: the doc	CLE V: Effective date, if other than the dat ffective date is listed, the date must be se of filing.) If the date inserted in this block does not cument's effective date on the Departmen CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not to of State's records.	1
(If an e the date Note: the doc	CLE V: Effective date, if other than the dat ffective date is listed, the date must be see of filing.) If the date inserted in this block does not cument's effective date on the Department. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a material (In accordance with seconstitutes an affirmation I am aware that any false)	meet the applicable statutory filing requirements, this date will not to of State's records.	t be liste
(If an e the date Note: the doc	CLE V: Effective date, if other than the dat ffective date is listed, the date must be see of filing.) If the date inserted in this block does not cument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a material (In accordance with sectionstitutes an affirmation I am aware that any false constitutes a third degree.)	meet the applicable statutory filing requirements, this date will not tof State's records. 5-13-15 member or an authorized representative of a member. ction 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are trues information submitted in a document to the Department of State	t be liste

Page 2 of 2