## L15000094663

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SUCRETARY OF STATE
TAIT AHASSEE, FLORID

JUN - 2 2015

### COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Good Whairs productions 11c 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:
Theodore Thomas
Good J. Navs
7605 dolonita pr
City/State and Zip Cody  Station Nyne O grant Com  P-mail address: (to be used for future Jinual report notification)
12-mail address: (to be used for future Innual report notification)
For further information concerning this matter, please call:
Name of Person at ( 913 ) 402 - 1088  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$125.00 Filing Fee Certificate of Status & Certificate Opy (additional copy is enclosed)
Alailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Clifton Building Tallahassee, FL 32314 Clifton Building Tallahassee, FL 32301



April 20, 2015

THEODORE THOMAS 7605 DOLONSTA DR TAMPA, FL 33915

SUBJECT: GOOD VILLAINS PRODUCTIONS

Ref. Number: W15000027525

We have received your document for GOOD VILLAINS PRODUCTIONS and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed document(s) does/do not meet our filing requirements. Therefore, we are enclosing our appropriate form(s) and/or instructions.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown Regulatory Specialist II

Letter Number: 615A00007873



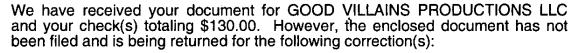
## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 5, 2015

THEODORE THOMAS 7605 DOLONSTA DR TAMPA, FL 33915

SUBJECT: GOOD VILLAINS PRODUCTIONS LLC

Ref. Number: W15000027525



The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown Regulatory Specialist II

Letter Number: 815A00009262

# ARTICLE 1 - Name: The name of the Limited Liability Company is: \[ \text{\final} \text{\text{OO}} \text{\text{\text{Villages}}} \] \[ \text{\text{\text{VO}} \text{\text{\text{Villages}}}} \] \[ \text{\text{\text{\text{VO}}} \text{\text{\text{Villages}}} \] \[ \text{\text{\text{VO}} \text{\text{\text{Villages}}}} \] \[ \text{\text{\text{VO}} \text{\text{\text{Villages}}}} \]

Mailing Address:

### ARTICLE II - Address:

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

	tered Agent, Registered Office, & Regis	
•	with an active Florida registration.)	red Agent, You must designate an individua or
The name and the Flori	da street address of the registered agent a	re:
	Theodore	/ Nomes
	Name	
	7605 dolonito	· Dr
	Florida street address (P.O. Box <u>NOT</u> a	receptable)
	Tampa FI	33415
	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 accomply with the provisions of all statutes relating to the proper and complete per sormance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 603, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page Lof2

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AMBR" = Authorized Member	
MGR" = Manager	•
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	7405 Wenter OF
A AA 2 C	Tumpa P1 33415
AMDIA	March Stephens
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	-tumpa P1 33415
Mr. B.C.	Timethe I
77777	Tung delente DC
	Tumpa 01 226015
Use attachment if necessary)	
·	
V: Effective date, if other than the c	date of filing: (OPTIONAL)
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ARTICLE IV-