

L15000094663

(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:

~~015-27525~~

Office Use Only



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FILED

15 JUN - 1 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN - 2 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Good Villains 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:

Theodore Thomas
Name of Person

Good Villains
Firm/Company

7605 dolomite dr
Address

Tempe RI 03415
City/State and Zip Code

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

For further information concerning this matter, please call:

Theodore Thomas at (813) 802-1088
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 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
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

RECEIVED
15 JUN - 1 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for GOOD VILLAINS PRODUCTIONS LLC 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 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Good Villains 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:

7605 Dolomite Dr
Tampa FL 33615

Mailing Address:

7605 Dolomite Dr
Tampa FL 33615

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:

Theodore Thomas
Name

7605 Dolomite Dr
Florida street address (P.O. Box NOT acceptable)

Tampa FL 33615
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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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15 JUN - 1 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

<u>MGR</u>	<u>Theodore Thomas</u> <u>7605 dylanter dr</u> <u>tampa fl 33615</u>
<u>AMBR</u>	<u>Harold Stephens</u> <u>7605 dylanter dr</u> <u>tampa fl 33615</u>
<u>AmBR</u>	<u>Timothy Lewis</u> <u>7605 dylanter dr</u> <u>tampa fl 33615</u>

(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.

Theodore Lee James Thomas hold all rights and last
Surv in Good Villains production LLC.

REQUIRED SIGNATURE:

Theodore Thomas
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 §17.155, F.S.)

Theodore Thomas
Typed or printed name of signer

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)