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(Requestor's Name)

(Address)

(Address)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHARBAR 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:

Leslie M Howe

Name of Person

Firm/Company

PO Box 222

Address

Loughman FL 33858

City/State and Zip Code

esmerelda27@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leslie Howe

Name of Person

at (407)

Area Code

928-6643

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 Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Charbar Productions, L.L.C.

(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:

252 Bent Oak Loop
Davenport FL 33837

Mailing Address:

PO Box 222
Loughman FL 33858

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:

Leslie M Howe

Name

252 Bent Oak Loop

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

Davenport FL

City

State

33837

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.

Leslie M Howe

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

MGR

Leslie M Howe
252 Bent Oak Loop
Davenport FL 33837

Leslie McDowd

Leslie M Howe

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