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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
City/State and Zip Code CSMCrelda 27 @ MSn. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Leslie Howe at (407) 928-6643 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ch	iarbar Produ	ctions,	L.L.C.	
(Must end	with the words "Limited Liab	pility Company, "L	.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal office	of the Limited Lia	bility Company is:	15 JUN
<u>Princip</u>	al Office Address:		Mailing Address:	
752 B	ent Dak Loop	190	Any 777	<u> </u>
	2011 FL 33837		ughman FL	33858 ²
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, & Roy cannot serve as its own Registrive Florida registration.)	istered Agent, You		33858 cc
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further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and Iam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:	n 4 .1 .	137 1	Name and Address:	
	" = Authorized = Manager	1 Member		
	Manager MGR		Leslie M Howe	
		-	257 BRAT DOLL LOOP " 5	
			Davenport Pl 33837: =	
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