

L15000109856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

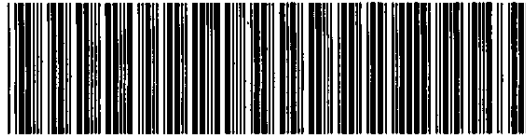
(Document Number)

Certified Copies \_\_\_\_\_

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15 MAR 20 PM 4:22  
SECRETARY OF STATE  
TALLAHASSEE FL 32399

JUN 29 2015

D CUSHING

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PRODUCCIONES CGS, 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:

ANNY LUZ FERNANDEZ  
Name of Person

PRODUCCIONES CGS, LLC  
Firm/Company

261 SPRING COLONY CIRCLE, APT. # 268  
Address

ALTAMONTE SPRINGS, FL 32714  
City/State and Zip Code

NORTESUR.RD@GMAIL.COM (nortesur.rd@gmail.com)  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANNY LUZ FERNANDEZ at ( 407 ) 715-2706  
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

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TALLAHASSEE, FL  
SECRETARY OF STATE

06/19/2015

**Anny Fernandez**

817 RAVENS CIR 205,  
ALTAMONTE SPRINGS, FL 32714  
Phone: 407 416 3322

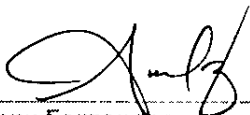
► **Deane Cusheng**

P.O. Box 1327 Tallahassee, FL 32311  
Phone: (850) 243-0051

**Dear Deane Cusheng,**

I would like to change the date on the registration of PRODUCCIONES CGS, LLC. The date I want is 04/01/2015 if possible. Also I would like to change the address of the PRODUCCIONES CGS, LLC to 817 RAVENS CIR 205, ALTAMONTE SPRINGS, FL 32714. Thanks for you attention.

Cordially,



Anny Fernandez  
Producciones CGS, LLC  
6/19/2015

RECEIVED  
15 JUN 26 AM 7:56  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32304



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 17, 2015

ANNY LUZ FERNANDEZ  
PRODUCCIONES CGS, LLC  
261 SPRING COLONY CIRCLE, APT #268  
ALTAMONTE SPRINGS, FL 32714

SUBJECT: PRODUCCIONES CGS, LLC  
Ref. Number: W15000026783

We have received your document for PRODUCCIONES CGS, 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):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

We didn't receive your document until March 20th.

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) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 415A00007688

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PRODUCCIONES CGS, 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:**

817 Ravens Cir 205  
ALTAMONTE SPRINGS, FL 32714

**Mailing Address:**

"SAME"

**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.)

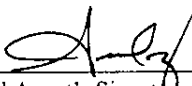
The name and the Florida street address of the registered agent are:

ANNY LUZ FERNANDEZ  
Name

261 SPRING COLONY CIRCLE, APT. # 268  
Florida street address (P.O. Box **NOT** acceptable)

ALTAMONTE SPRINGS FL 32714  
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..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

"MGR"

**Name and Address:**

ANNY LUZ FERNANDEZ

261 COLONY SPRINGS CIRCLE, APT. # 207

ALTAMONTE SPRINGS, FL 32714

\_\_\_\_\_

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(Use attachment if necessary)

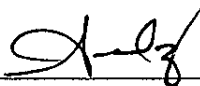
**ARTICLE V:** Effective date, if other than the date of filing: 04/01/2015 (OPTIONAL)

(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.

This corporation is going to be devoted to the business of developing tv and radio as well as any other media outlets and overall legal activities seeking to inquire into investigative type of programs and to be conducting interviews that will provide the public with new points of view as to the Topics in discussion.

**REQUIRED SIGNATURE:**



**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 s.817.155, F.S.)

ANNY LUZ FERNANDEZ

Typed or printed name of signee

**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)

SECRET  
TALLAHASSEE, FL 32304  
15 MAR 20 PM 4:22