L15000173469

(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:

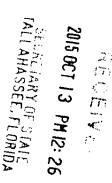
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Office Use Only



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T. Burch (10) 1 3 2015

COVER LETTER

	istration Section sion of Corporations		
SUBJECT:	Between	The	Lines
·.	Name of Limite	ed Liability Company	
The enclosed	Articles of Organization and fee(s) are s	abmitted for filing.	
Please return a	all correspondence concerning this matte	r to the following:	
	Bruce A	1. Baun	nann
		Name of Person	,
•		· · · · · · · · · · · · · · · · · · ·	
		Firm/Company	
_	3400 WL	itney Ct	
, .		Address	
	Tallahass	ee.FL	323 <i>08</i>
	baumann 09	State and Zip Code	ilicom
	E-mail address: (to be used for		
For further info	ormation concerning this matter, please of	all:	
Bruce 1	A. Baumann at (350, 76	6-1534
	Name of Person Are	a Code Daytime	Telephone Number
Enclosed is a	check for the following amount:		
\$125.00 Filin	Certificate of Status	\$155.00 Filing Fed Certified Copy (additional copy is er	Certificate of Status &
	Mailing Address	Street Add	ress

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	^	1 1 1
The name of the Limited Liability Company is:	Prob	ductions, LL
Between The	Lines, t	₹
(Must end with the words "Limited Liability (·-
ARTICLE II - Address: The mailing address and street address of the principal office of the	Limited Liability Company is:	
Principal Office Address:	Mailing Addi	ress:
3400 Whitney Ch	3400 White	ney (t
Tallahassee, Fl 32308	. Tallahassee, F	132308
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)		dividual or
The name and the Florida street address of the registered agent are B ruce A	Baumann	
Name		•
3400 Wh	itnos C1	

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..

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

Tallahassee, FL City State

Registered Agent's Signature (REQUIRED)

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(CONTINUED)

Page 1 of 2

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	- احجر	3400 Whi Tallahass		308
	specific and of the ap	cannot be more that plicable statutory fil		PTIONAL) ys prior to or 90 day ; this date will not be
sions, if any.				
Signature of a	member or a	an authorized repre	sentative of a me	mber.
his document is exe am aware that any fonstitutes a third de	ecuted in accorate informating gree felony as	ordance with section on submitted in a do provided for in s.81	605.0203 (1) (b), 1 cument to the Dep 7.155, F.S.	Florida Statutes.
an	s document is ex- n aware that any f stitutes a third de	s document is executed in according aware that any false informatistitutes a third degree felony as	s document is executed in accordance with section n aware that any false information submitted in a do stitutes a third degree felony as provided for in s.81	Signature of a member or an authorized representative of a me s document is executed in accordance with section 605.0203 (1) (b), n aware that any false information submitted in a document to the Depstitutes a third degree felony as provided for in s.817.155, F.S. Bruce A. Baumann Typed or printed name of signee

ARTICLE IV-

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)