

L15000183147

(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:

Office Use Only



300277583483

10/23/15--01024--007 **125.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 OCT 23 PM 12:17

10/29

22

October 19, 2015

Cover Letter

* ADDRESS: Joey Anthony Dedio
428 Collins Avenue Unit 4
Miami Beach, Florida 33139

* MAILING : P.O. Box 753
ADDRESS New York, New York 10108

* PHONE : 917. 405. 0982

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JOEY DEDIO 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:

Joey Anthony Dedio

Name of Person

JOEY DEDIO PRODUCTIONS LLC

Firm/Company

PO BOX 753

Address

NEW YORK, NEW YORK 10108

City/State and Zip Code

dedio.joey@hotmail.com

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

For further information concerning this matter, please call:

Joey Dedio

917

405.0982

at ()

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

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

Street Address

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:

The name of the Limited Liability Company is:

JOEY DEDIO 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:

428 Collins Avenue Unit 4

Miami Beach, Florida 33139

Mailing Address:

PO Box 753

NY, NY 10108

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:

Joey Dedio

Name

428 Collins Avenue Unit 4

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

Miami Beach, Florida 33139

City

State

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..

My Anthony Allen

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 OCT 23 PM 12:17

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:

Joey Anthony Dedio

428 Collins Avenue Unit 4

Miami Beach, Florida 33139

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: October 19, 2015 ^{Joey Dedio} 10.19.15 (OPTIONAL) (October 19, 2015)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Joey Anthony Dedio

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)