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EFFECTIVE DATE

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S. GILBERT

## COVER LETTER .

TO:

Registration Section

Di	vision of Corporations		
SUBJECT:	Million Dollar Productions, LLC		
SOBJECT	Name of I	Limited Liabili	ty Company
The enclose	d Articles of Organization and fee(s)	are submitted	for filing.
Please retur	n all correspondence concerning this	matter to the fo	ollowing:
	Michelle Ross		
		Name of	Person
		Firm/Cor	npany
	2896 E. Sunrise Blvd.		
	·	Addre	ess
	Fort Lauderdale, FL 33304		
		City/State and	1 Zip Code
_	michelle@mmdrealty.com  E-mail address: (to be us	sed for future a	nnual report notification)
For further in	formation concerning this matter, ple	ease call:	
_	Michelle Ross	954	835-5500
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
<b>\$125.00</b> Fil	ing Fee \$130.00 Filing Fee & Certificate of Status	Certifie	o Filing Fee & \$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 Liabilit	ty Company is:		÷ ",	; <u>}</u>	ED
Million Dollar Produ (Must end	ections, LLC with the words "Limited	Liability Co	15 DEC mpany, "L.L.C.," or "LLC.") 经产程。 [本日本的人	<b>-9</b>	ED AM 4: 23
ARTICLE II - Address: The mailing address and street a					·····································
<u>Princip</u>	al Office Address:		Mailing Address:		
2896 E. Sunrise Blvc Fort Lauderdale, FL		<del></del>	2896 E. Sunrise Blvd. Fort Lauderdale, FL 33304		<del></del>
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own lactive Florida registration	Registered A	Agent's Signature:	l or	
	Michelle Ross	AT			
		Name			
	2896 E. Sunrise Blvd. Florida street address		IOT acceptable)		
	Fort Lauderdale	FL	33304		
	City	State	Zip		
place designated in this certificate, further agree to comply with the pr	I hereby accept the apporovisions of all statutes relations of my position a	intment as re lating to the s registered	for the above stated limited liability congistered agent and agree to act in this coroper and complete performance of my agent as provided for in Chapter 605, F	apac / dutio	ity. I
		(CONTIN	UED)		
		Page 1	f2		

<u>Title:</u> "AMBR" = Au "MGR" = Mar	athorized Member	Name and Address:
AMBR		Michelle Ross
		2896 E. Sunrise Blvd.
		Fort Lauderdale, FL 33304
LEV: Effective	nt if necessary) date, if other than the date of	filing: December 4, 2015 (OPTIONAL)
LE V: Effective ffective date is lie of filing.) If the date insert	date, if other than the date of sted, the date must be speci	fic and cannot be more than five business days prior to or 90 de et the applicable statutory filing requirements, this date will not be
LE V: Effective ffective date is lie of filing.) If the date insert	date, if other than the date of sted, the date must be specied in this block does not meet a date on the Department of	fic and cannot be more than five business days prior to or 90 de et the applicable statutory filing requirements, this date will not be
LE V: Effective  ffective date is lie  of filing.)  If the date insert  ument's effectiv  LE VI: Other pre	date, if other than the date of sted, the date must be specied in this block does not meet a date on the Department of	fic and cannot be more than five business days prior to or 90 de et the applicable statutory filing requirements, this date will not be
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LE V: Effective  ffective date is list  of filing.)  If the date insert  ument's effectiv  LE VI: Other pro-	date, if other than the date of sted, the date must be specied in this block does not meet e date on the Department of ovisions, if any.  SIGNATURE:  Signature of a memion of a memion of the document is executed I am aware that any false in	fic and cannot be more than five business days prior to or 90 de et the applicable statutory filing requirements, this date will not be
LE V: Effective  ffective date is list  of filing.)  If the date insert  ument's effectiv  LE VI: Other pro-	date, if other than the date of sted, the date must be specied in this block does not meeted at each on the Department of povisions, if any.  Signature of a memion This document is executed I am aware that any false in constitutes a third degree for	the applicable statutory filing requirements, this date will not be state's records.  ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. aformation submitted in a document to the Department of State
LE V: Effective  ffective date is lie  of filing.)  If the date insert  ument's effectiv  LE VI: Other pre	date, if other than the date of sted, the date must be specied in this block does not meet edate on the Department of povisions, if any.  Signature of a memion This document is executed I am aware that any false in constitutes a third degree for MICHEL	the applicable statutory filing requirements, this date will not be state's records.  ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. aformation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.

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