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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL.
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REPARTHENT OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: IN the name of Lim	FJesus Productions L.L., C, ited Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Maxie Je	Heron Name of Person
In the name	of Jesus Productions
2501 Pepper	Mill Blud Address
<u>tourever max p</u>	ty/State and Zip Code Ower G Value, Com for future annual report notification)
For further information concerning this matter, please	call:
MAXIE Je Heys What (ea Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{Certificate of Status}\$	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section	New Filing Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	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:	

(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:	Mailing Address:
2501 Peppermill Blud	2501 Peppermill Blvd
Orlando Fla. 32837	Onlands, 194. 32837

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:

uncas or the registered i	agent are.	
Maxic	Jeffens	27
, , , , , ,	Name	•
2501 Per Florida street address	permill	Blud
Florida street address	P.O. Box NOT a	cceptable)
_	Florida	32837
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Maxie Je Herryn 2501 Peppermin ISIN
	Urianco Ha SZ837
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	<u>ୁ ମିଣ୍ଡି ଜନ୍ମ</u> ଜନ୍ମ ପ୍ରଧାନ ଜନ୍ମ ଜନ୍ମ
(Use attachment if necessary)	
fective date is listed, the date must be sp	of filing: <u>03-4 - 2016</u> . (OPTIONAL) ecific and cannot be more than five business days prior to or 90 d
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ARTICLE IV-