

L/6000052159

(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



200282942032

03/07/16--01011--026 \*\*130.00

EFFECTIVE DATE

3/1/16

MAR 16 2016

S. GILBERT

FILED  
MAR 16 2016  
MAR 16 2016  
MAR 16 2016

16 MAR -7 PM 12:53

FILED

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Gee 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:

Amy JOANNE GARDNER  
Name of Person

Gee Productions LLC  
Firm/Company

1450 LINCOLN RD, ~~MIAMI BEACH~~ UNIT 703  
Address

MIAMI BEACH, FLORIDA, 33139  
City/State and Zip Code

AMY.J.GARDNER@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy GARDNER at ( 786 ) 461 4313  
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:

Gee Productions LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

FILED  
16 MAR -7 PM 12:53

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1450 LINCOLN ROAD (UNIT 703)  
MIAMI BEACH  
FLORIDA, 33139

Mailing Address:

1450 LINCOLN ROAD (UNIT 703)  
MIAMI BEACH  
FLORIDA, 33139

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:

GODFREY MCFALL  
Name  
FREMANTE LATIN AMERICA  
5200 BLUE LAGOON DRIVE, SUITE 200  
Florida street address (P.O. Box **NOT** acceptable)  
MIAMI FLORIDA 33126  
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)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

~~AMBR~~ AMBR

**Name and Address:**

AMY GARDNER, 1450 LINCOLN  
ROAD (UNIT 703)  
MIAMI BEACH FLORIDA, 33139

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 03/01/2016 (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.)

**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.

AMY JOANNE GARDNER  
Typed or printed name of signer

**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)