L16000005599/

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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16 MAR I 4 PH 2: 34
SECRETARY OF STATE
ALL AHASSEE TO STATE

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COVER LETTER

cup in	CT. C-Note Productions LLC			
SUBJE		ume of Limited I	Liability Company	
The enc	losed Articles of Organization and	d fee(s) are subr	nitted for filing.	
Please re	eturn all correspondence concerni	ng this matter to	the following:	
	Camille Chartier		,	
	<u></u>	Naı	ne of Person	
	C-Note Productions LLC		•	
		Fir	m/Company	
	3323 SW 38th St			
	······································		Address	· · · · · · · · · · · · · · · · · · ·
•	Ocala, FL 34474			
		City/Sta	ate and Zip Code	
	cchartier@cox.net		}	
	E-mail address: (t	o be used for fu	ture annual report notifica	ntion)
For furthe	r information concerning this mat	ter, please call:		
	Camille Chartier	352 at (291-2651	
	Name of Person	Area Co	ode Daytime Telepho	one Number
Carloss	l'andrail Carda Cin			
Enclosed	l is a check for the following amo	unt:		
]\$125.00	Filing Fee \$130.00 Filing Certificate of S	Status LLC	155.00 Filing Fee & ertified Copy litional 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:					FILED
The name of the Limited Liability	Company is:				16 MAR 14 PM 2: 3
C-Note Productions L	LC		,	,	SECRETARY (F STATE
(Must end w	ith the words "Limited	d Liability Co	mpany, "L.	L.C.," or "LL0	AHASSEE FLORIE
ARTICLE II - Address: The mailing address and street add	lress of the principal c	office of the L	imited Lial	oility Company	vis:
<u>Principal</u>	Office Address:			Mailing	Address:
3323 SW 38th St			3323 SW	/ 38th St	
Ocala, FL 34474			Ocala, F	L 34474	
·	3323 SW 38th St	Name			
	Florida street addres	s (P.O. Box)	<u>МОТ</u> ассер	table)	
	Ocala	FL		34474	
	City	State		Zip	
Having been named as registered ag place designated in this certificate, I further agree to comply with the prov am familiar with and accept the oblig	hereby accept the app visions of all statutes r gations of my position	pointment as relating to the as registered	egistered ag proper and agent as pr	gent and agree complete perfo covided for in C	to act in this capacity. I presented in this capacity. I
		(CONTIN			

Page 1 of 2

The name and t		J	Jac Mari
Title:		horized to manage and control the Lim	INTERNATION
"AMBR" = Au	thorized Member		SECRETARY Ó TALLAHASSEE I
"MGR" = Mana	ager		ALLAHASSEE
AMBR		Camille Chartier	
		3323 SW 38th St	
		Ocala, FL 34474	· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
		:	
			
(Use attachmen	• •	00/11/00/6	
LE V: Effective of fective date is list of filing.) If the date inserte	date, if other than the date of sted, the date must be spe	of filing: 03/11/2016 cific and cannot be more than five be the applicable statutory filing requ of State's records.	ısiness days prior to or 9
LE V: Effective of fective date is list of filing.) If the date inserte	date, if other than the date of sted, the date must be speed in this block does not me date on the Department of	cific and cannot be more than five but the eet the applicable statutory filing requ	ısiness days prior to or 9
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LE V: Effective of fective date is list of filing.) If the date inserte the ument's effective of the pro-	date, if other than the date of sted, the date must be speed and in this block does not me date on the Department of signature of a mer. Signature of a mer. This document is executed I am aware that any false.	recific and cannot be more than five be neet the applicable statutory filing request State's records. The charters much charters and authorized representatived in accordance with section 605.020 information submitted in a document	re of a member. 3 (1) (b), Florida Statutes to the Department of State

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)