2/600/24776

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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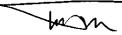
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SECRETARY OF STATE
TALLAMASSEE, TORIDA



COVER LETTER

	Registration Section Division of Corporations				
SUBJEC	Lisa Mills Films, LLC				
BCGGE		Limited Liabil	ity Company		
The enclo	osed Articles of Organization and fee(s) are submitted	l for filing.		
Please ret	turn all correspondence concerning this	matter to the	following:		
	Lisa Mills				
		Name of	`Person	-	
	Lisa Mills Films, LLC				
		Firm/Co	ompany	-	
	629 Bonita Road				
		Addr	ress	_	
	Winter Springs, FL 32708				
	ucfmills@gmail.com	City/State an	d Zip Code	-	
	E-mail address: (to be u	sed for future a	annual report notification)	-	
For further	information concerning this matter, pl	ease call:			
	Lisa Mills	407	227-5111	16	TAT EBS
	Name of Person	Area Code	Daytime Telephone Number		LAE CRET
Enclosed	is a check for the following amount:			CJ CJ	7.55.7. 7.87.0.
\$125.00 F	Filing Fee \$\frac{1}{\sqrt{130.00}}\$\$130.00 Filing Fee \$\frac{8}{\text{Certificate of Status}}\$	└──Certifi	of Filing Fee & \$160.00 Filing Fee, ed Copy al copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)	ഗ	STATE CORIDA
	Mailing Address New Filing Section		Street Address New Filing Section		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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			
The name of	the Limited Liability Company is:		
L	isa Mills Films, LLC		
_	(Must end with the words "Limited L	iability Company,	"L.L.C.," or "LLC.")
A DOLCK DA			
ARTICLE II		an a Cabo T instant	Colors Colors C
i ne mainng a	ddress and street address of the principal offi	ce of the Limited	Liability Company is:
	Principal Office Address:		Mailing Address:
62	29 Bonita Road Winter Springs, FL 32708	629 I	Bonita Road Winter Springs, FL 32708
(The Limited another busin	I - Registered Agent, Registered Office, & Liability Company cannot serve as its own R ness entity with an active Florida registration. I the Florida street address of the registered a Lisa Mills	egistered Agent. Y	
	***************************************	Name	· · · · · · · · · · · · · · · · · · ·
	,	Name	
	629 Bonita Road		
	Florida street address (P.O. Box <u>NOT</u> ac	ceptable)
	Winter Springs	Florida	32708
	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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

16 JUL -5 AH 5:57

TALL AND SSEE, STORIDA

Title:	Name and Address:
"AMBR" = Authorized Membe "MGR" = Manager	
MGR - Manager	Lisa Mills
	629 Bonita Road
	Winter Springs, FL 32708
AMBR	Timothy George Brown
	629 Bonita Road
	Winter Springs, FL 32708
EV: Effective date, if other than ctive date is listed, the date mu	the date of filing: July 1, 2016 (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 days
ective date is listed, the date mu f filing.) the date inserted in this block denent's effective date on the Dep	st be specific and cannot be more than five business days prior to or 90 da bes not meet the applicable statutory filing requirements, this date will not be
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E.V: Effective date, if other than extive date is listed, the date must filling.) the date inserted in this block dinent's effective date on the Dep E.VI: Other provisions, if any. REOUIRED SIGNATURE: Signature This document I am aware that	pes not meet the applicable statutory filing requirements, this date will not be artment of State's records. The far member of an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes. It is any false information submitted in a document to the Department of State.
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Page 2 of 2