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(Requestor	s Name)	
(Address)		
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(City/State/	Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Business E	Entity Name)	
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(Document	Number)	
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Certified Copies C	ertificates of S	tatus
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## **COVER LETTER**

1O: Registration Section Division of Corporations
SUBJECT: Video Queen 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:
Lisa Bertin - Queena Name of Person
Name of Person
Video Queen Productions LLC. Firm/Company
Firm/Company
1674 Canton Lane Address
Address
Oviedo, Florida 32765  City/State and Zip Code  Visaba 3 @ amail . Com  E-mail address: (to be used for future annual report notification)
City/State and Zip Code
lisaba 3 @amail , com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lisa Bertin-Queena at (407) 952-4468  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address 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 - Name: The name of the Limited Liability	Company is:		
(Must end w		roductions d Liability Company, "L	
ARTICLE II - Address: The mailing address and street add	dress of the principal o	office of the Limited Lia	bility Company is:
Principa	Office Address:		Mailing Address:
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac	annot serve as its own	Registered Agent. You	Canton Lane Oo. FC 765  Signature: must designate an individual or
The name and the Florida street ac	ldress of the registered	d agent are:	
	<u>Lisa</u> T	Bertin-Que Name	era_
		Hon Lane	table)
	Ou\edo City	Florida State	32765 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..

CisatButn - (Ducuna)
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager Lisa Bertin-Queena AMBR	Lisa Bertin-Queena 1674 Manton Lane Owied, FC 32766	
<u></u>		
which the street at the street		
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing	g:September (OPTIONAL)	
CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific at the of filing.)  If the date inserted in this block does not meet the	g: September (OPTIONAL)  nd cannot be more than five business days prior to or 90  e applicable statutory filing requirements, this date will not e's records.	
CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific at the of filing.)  If the date inserted in this block does not meet the current's effective date on the Department of State	applicable statutory filing requirements, this date will not	
CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific at the of filing.)  If the date inserted in this block does not meet the current's effective date on the Department of State CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	applicable statutory filing requirements, this date will not s's records.	
CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific at the of filing.)  If the date inserted in this block does not meet the cument's effective date on the Department of State CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	applicable statutory filing requirements, this date will not s's records.	
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CLE V: Effective date, if other than the date of filing.  If the date is listed, the date must be specific atte of filing.)  If the date inserted in this block does not meet the occument's effective date on the Department of State CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of This document is executed in a I am aware that any false inform constitutes a third degree felony.	applicable statutory filing requirements, this date will not s's records.  Line Disease  or an authorized representative of a member.  accordance with section 605.0203 (1) (b), Florida Statutes.  nation submitted in a document to the Department of State	

Page 2 of 2