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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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10/20/16--01014--015 **160.00

COVER LETTER

Division of Corporations
SUBJECT: Movie King 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:
Alan Castro
Name of Person
Firm/Company
Firm/Company
8576 S.W. 210 Terrace
Address
Cutler Bay, Florida 33189
City/State and Zip Code
contactalancastro@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alan Castro at (305) 431-0088
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{Status} \text{S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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

	ductions LLC	fishills Comment	WICh WION	
(Iviusi	end with the words "Limited	Liability Company,	"L.L.C., ' or "LLC. ')	
TICLE II - Address:				
mailing address and stre	eet address of the principal o	ffice of the Limited L	Liability Company is:	
<u>Pri</u>	Principal Office Address:		Mailing Address: 8576 S.W. 210 Terrace	
8576 S.W. 210 Terrace		8576		
Cutler Bay, Flor	ida 33189	Cutle	r Bay, Florida 33189	
ELimited Liability Com her business entity with	an active Florida registratio	Registered Agent. Yen.)	e's Signature: ou must designate an individual o	
e Limited Liability Com ther business entity with	pany cannot serve as its own	Registered Agent. Yen.)		
e Limited Liability Com ther business entity with	pany cannot serve as its own an active Florida registratio	Registered Agent. You		
e Limited Liability Com ther business entity with	pany cannot serve as its own an active Florida registratio reet address of the registered	Registered Agent. Yen.)		
e Limited Liability Com ther business entity with	pany cannot serve as its own an active Florida registratio reet address of the registered	Registered Agent. Youn.) agent are:		
e Limited Liability Com ther business entity with	pany cannot serve as its own an active Florida registration reet address of the registered Alan Castro	Registered Agent. Youn.) agent are: Name	ou must designate an individual o	
e Limited Liability Com ther business entity with	pany cannot serve as its own an active Florida registratio reet address of the registered Alan Castro 8576 S.W. 210 Terra	Registered Agent. Youn.) agent are: Name	ou must designate an individual o	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

18 NJS 20 MH 7: 28

	Title: "AMBR" = Authorized Member	Name and Address: Alan Castro 8576 S.W. 210 Terrace		
	"MGR" = Manager			
	AMBR			
		Cutler Bay, Florida 33189		
		<u></u>		

		· · · · · · · · · · · · · · · · · · ·		
(Use attach	(Use attachment if necessary)			
RTIC	CLEV: Effective date if other than the da	ate of filing: (OPTIONAL)		
lf an :	effective date is listed, the date must be	specific and cannot be more than five business days prior to or 90 days after		
	te of filing.)	-F		
Note:	If the date inserted in this block does no	ot meet the applicable statutory filing requirements, this date will not be listed a		
he do	cument's effective date on the Department	nt of State's records.		
DTI	CLE VI. Other macrisisms if any			
TK I I	CLE VI: Other provisions, if any.			
	REQUIRED SIGNATURE:	- //		
	REQUIRED SIGNATURE:			
	REQUIRED SIGNATURE:	m M		
	Signature of a	member or an authorized representative of a member.		
	Signature of a This document is executed as the second sec	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State		

Alan Castro
Typed or printed name of signee

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)