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K. Brumbley

COVER LETTER

New Filing Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: TRICKY HEAT MODUCTIONS 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:
RICKY CHARLES
A THING OF A PARTY
ARICKYHEAT Productions "ZLC"
/ Firm/Company
7958 PINES BLVD suite 113
Address
Pembroke Pines Phorida, 33024
City/State and Zip Code 1 NFERNOCHA @ Gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ricky Clarles at (305) 986 - 1826 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 (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

RICKYHEAT PRODUCTIONS LLC

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

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address;
7958 Pines blud Ste. 113	1958 pines blud suite 113
Pembroke Pires F1, 33024	Pemboke Pines 17. 33024

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:

MITCHUM J.	FOSEPA	
	Name	
8715 NW	1700 MAN	OR
Florida street address	(P.O. Box NOT	acceptable)
COKAL SPRIM	es Fl	33071
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)

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Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Ricky Charles
- Wallagei	ricky Charles
AMOR	1000 A 11/1 0:1 112
A11115K	7958 punes blud Suite 113
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MGR	Pensione pines fl. 3302
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(Use attachment if necessary)	
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)