

L17000141716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

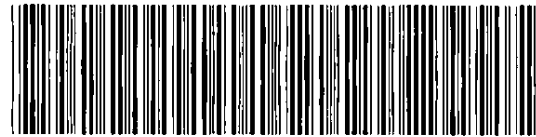
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



800296567508

06/30/17--01003--024 \*\*139.00

D O'KEEFE  
JUN 30 2017

FILED  
JUN 29 2017  
CLERK

FILED  
SECTION OF STATE  
DIVISION OF CORPORATIONS  
JUN 30 PM 4 19

L17000 MI 710

To Whom It May Concern,

I am The owner of The  
Reel Move-V Productions, LLC. I will not  
be re-notating and I release The  
name of The Company.

Franklin J. Barber  
6/30/17

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 JUN 30 PM 4:19

D O'KEEFE

JUN 30 2017

TO: New Filing Section  
Division of Corporations.

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:

THE REEL MOVE-V 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:  
5748 Braveheart Way  
Tallahassee, FL 32317

Mailing Address:  
5748 Braveheart Way  
Tallahassee, FL 32317

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:

Vernon S. Barber, II  
Name  
5748 Braveheart Way  
Florida street address (P.O. Box **NOT** acceptable)  
Tallahassee, FL 32317  
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.

V. S. Barber II  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 JUN 30 PM 4 19

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

MGR

Name and Address:

Vernon S. Barber II  
5748 Braveheart Way  
Tallahassee, FL 32317

Franchetta J. Barber  
5748 Braveheart Way  
Tallahassee, FL 32317

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any,

REQUIRED SIGNATURE:

Vernon S. Barber II

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Vernon S. Barber II

Typed or printed name of signer

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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 JUN 30 PM 4 19