(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	<i>⇒ #</i>)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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02/07/18--01001--010 **125.00

COVER LETTER

	ew Filing Section ivision of Corporations			
SUBJECT	: East Coast Cin	ematics LLC.		
		, , ,		
The enclos	ed Articles of Organization and fee(s) a	re submitted for filing.		
Please retu	rn all correspondence concerning this n	natter to the following:		
	Ma	K Toutain		
		Name of Person		
	,			
		Firm/Company		
	3815 Pain	rted Buting Way		
		Address		
	Jacksonvil	le, FL 32224		
	Mark. Toutain	le, FL. 32224 City/State and Zip Code Cauditpeaple-ne	/	
	E-mail address: (to be use	d for future annual report notification	h)	
For further i	nformation concerning this matter, plea	se call:		
	Mark Tatan at (Area Code Daytime Telephone	5	
	Name of Person	Area Code Daytime Telephone 1	Number	
Enclosed is	s a check for the following amount:			
\$125.00 F	iling Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	24.00	0	2018 FEB	
	Mailing Address New Filing Section	Street Address New Filing Section	AR A	
	Division of Corporations	Division of Corporation	B-6 IARY ASSE	
	P.O. Box 6327	Clifton Building 2661 Executive Center	eran in in i	
	Tullahassee, FL 32314	Tallahassee, FL 32301	<u> </u>	
			95 -	
			21 21 21 21 21 21 21 21 21 21 21 21 21 2	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
Eqst Coast Cinematics (Must contain the words "Limited Liability Co	LLC." or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the l	Limited Liability Company is:	
Principal Office Address:	Mailing Address: (sinc as Panipal)	
3815 Painted Bunting Way Jacksonville, FL 32224		
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:		
	_	
Plank louts	90	
3915 Panted Florida street address (P.O. Box	Buting Way NOT acceptable)	
Jacksonville	FL 32224	
City State	FL 32224 Zip	
laving been named as registered agent and to accept service of proces clace designated in this certificate, I hereby accept the appointment as further agree to comply with the provisions of all statutes relating to the m familiar with and accept the obligations of my position as registered	s for the above stated limited liability company at the registered agent and agree to act in this capacity. It proper and complete performance of my duties, and I lagent as provided for in Chapter 605, F.S	
Registered Agent's	s Signature (REQUIRED)	
	<u> </u>	
(CONTIN	RUED)	

FILED
2018 FEB -6 PH 4:51
SEUREIARY OF SIAIE

ARTICLE IV-

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

"AMBR" = Authorized Men "MGR" = Manager		
_		1 /-11-0
		Seon Keller
	President	215 Central Ave Unit 3F St. Potosburg, FL 37701
		Mark Toutain
	√P	3815 Pantal Dunting Way
		Transporting 1-E 1888
(Use attachment if necessary)	
•		
LEV: Effective date, if other	than the date of filing	g:(OPTIONAL)
LE VI: Other provisions, if an	· · · · · · · · · · · · · · · · · ·	
REOUIRED SIGNATURE	:: m / s	
	M	
Signa	ture of a member o	or an authorized representative of a member.
Signa This docum I am aware (ture of a member of ent is executed in act hat any false inform	ecordance with section 605.0203 (1) (b), Florida Statutes, lation submitted in a document to the Department of State
Signa This docum I am aware (ture of a member of ent is executed in act hat any false inform third degree felony	ecordance with section 605.0203 (1) (b), Florida Statutes, sation submitted in a document to the Department of State as provided for in s.817.155, F.S.
Signa This docum I am aware (ture of a member of ent is executed in act hat any false inform third degree felony	coordance with section 605.0203 (1) (b), Florida Statutes, lation submitted in a document to the Department of State as provided for in s.817.155, F.S.
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