48000086197

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	rsiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000311357340

04/08/18--01011 010 **110.00

SECRLTARY OF STATE ALLAHASSEE, FLORIDA

THE CO

K. PAGE

COVER LETTER

	gistration Section vision of Corporations
SUBJECT:	CineFlo Studios LLC Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please return	n all correspondence concerning this matter to the following:
,	Judson Robertson Name of Person
	Rentl Salel, LLC Firm/Company
	4315 Sw 72nd Ter.
•	Address
	City/State and Zip Code Cobcrison, juds on @ omail. Com E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
-	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fil	S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	

(Must end with the words "Limited Liability Company, "L.L.C.,"

ARTICLE II - Address:

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

Principal Office Address:	<u>Mailing Address</u> :
4315 SW Mand Ter.	4315 SU Mand Ter.
Davle FL 33314	Davie FL 33314.

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:

4200	Judson R	obertson
	Name	
4315	Sw. Mand	ter
Florida street add	ress (P.O. Box <u>NOT</u> ac	ceptable)
Davle	FL	33314
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)

Page 1 of 2

REOUIRED SIGNATURE: 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. 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)	Title: "AMBR" = Authorized Member	Name and Address:	
(Use attachment if necessary) LE V: Effective date, if other than the date of filing: Coptional Coptional	"MGR" = Manager		
(Use attachment if necessary) E. V.: Effective date, if other than the date of filing: (COPTIONAL) (Coptional) fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.) f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be I ment's effective date on the Department of State's records. E. VI: Other provisions, if any. REOUIRED SIGNATURE: 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. Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)			
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:		12430 SW 1" Place	
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	MGR	Josep Jones.	
EV: Effective date, if other than the date of filing:		Fairney Philonis	
EV: Effective date, if other than the date of filing:			
EV: Effective date, if other than the date of filing:	(Use attachment if necessary)		
RECUIRED SIGNATURE: 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. Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)	LEV: Effective date, if other than the date	e of filing: (OPTIONAL)	
REOUIRED SIGNATURE: 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. 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)			-
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. 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)			
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. 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)	If the date inserted in this block does not		
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. 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)	If the date inserted in this block does not ument's effective date on the Department		
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. 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)	If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any.		
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. Typed or printed name of signee Typed or printed name of signee	If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any.		
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)	If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a manual content of the date of t	t of State's records.	
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)	If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a mathematical This document is executed am aware that any false.	ember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.	
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a many This document is executed a many false constitutes a third degree.	ember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.	be lis
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a many This document is executed a many false constitutes a third degree.	ember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State ce felony as provided for in s.817.155, F.S. Typed or printed name of signee	be lis
\$ 5.00 Certificate of Status (Optional)	If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a many This document is executed a many false constitutes a third degree.	Typed or printed name of signee Filing Fees: rganization and Designation of Registered Agent	be lis
0	If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a magnetic that any false constitutes a third degree that any false constitutes a third	Typed or printed name of signee Filing Fees: rganization and Designation of Registered Agent	be lis
. قبد الله	If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a magnetic that any false constitutes a third degree that any false constitutes a third	Typed or printed name of signee Filing Fees: rganization and Designation of Registered Agent and of State's records. Typed or printed name of Registered Agent Filing Fees: Filing Fees:	be lis

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

.