

L19000032233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

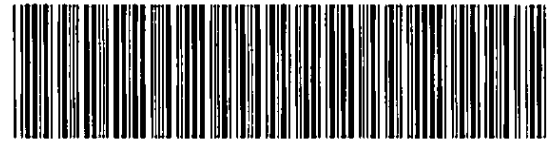
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

FEB 8 2019

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Another Hall Production

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:

Betty Hall

Name of Person

Another Hall Production

Firm/Company

123 Lanier Rd

Address

Lamont Florida 32336

City/State and Zip Code

cpmkgb@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolyn Hall Moore 850 251-0774

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
- \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
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:

Another Hall Production 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:

123 Lanier Rd
Lamont Florida 32336

Same

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:

Cynthia Jackson
Name

817 Barrie St
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee Florida 32303
City State Zip

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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..

Cynthia Jackson
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Betty Hall
123 Lanier Rd
Lamont, Florida 32336

AMBR

Clynell H Jackson-Washington
1321 Hall
Lamont Florida 32336

MGR

Veronica Hall-Moore
288 Hall Rd
Lamont Florida 32336

MGR

Sandra K Hall
7765 Lyle Ave
Riverdale Georgia

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(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:

Clynell H. Jackson-Washington

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.

Clynell H Jackson-Washington

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)

AMBR Carolyn Hall Moore
246 Hall Rd
Lamont Florida 32336

MGR Kenneth Hall
123 Lanier Rd
Lamont Florida 32336

MGR Jackie Hall Barnes
274 Hall Rd
Lamont Florida 32336

MGR Richard Hall
3366 River Rd
Decatur Georgia 30034

MGR Cynthia Hall Jackson
817 Barrie Ave
Tallahassee Florida

MGR Darryl Hall
10560 Valentine Rd South
Tallahassee Florida 32317

MGR Na'Tara Howard
276B Old Boston Rd
Thomasville Georgia 31792

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