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PICK-UP	☐ WAIT	MAIL
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Special Instructions to Filing Officer:		

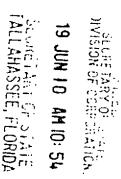
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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: $\frac{f g /fqx}{\text{Name of}}$	Productions LLC Limited Liability Company
The enclosed Articles of Organization and fee(s	s) are submitted for tiling.
Please return all correspondence concerning thi	s matter to the following:
Danlel	R. Cournoyer Name of Person
Halifax	Productions LLC
145 Nov	th Halifax Ave #803
Day Tona danc E-mail address: (to be t	City/State and Zip Code, Seed for future annual report notification)
For further information concerning this matter, pl	ease call:
Dan Cour noyer at Name of Person	(207) 577-7783 Area Code Daytime Telephone Number 577-7783
Enclosed is a check for the following amount:	
\$130,00 Filing Fee & Certificate of Status	
Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Division of Corporations Clifton Building

Tallahassee, FL 32314

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:

(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:
145 N. Halifax Ave	145 N. Helitax Ave
Apt 803, 12 2240	Apt 803
Day fona Beach FL SS/18	Day Tona Beach, FL 32/18
Jaggorie Beneri Fr Div	1909 1000 1000 1000 30110

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:
Daniel R. Cournoyer
Name
145 N. Halifay Ave #803
Florida street address (P.O. Box NOT acceptable)
Daytony Bouch, FL 32/18
City State Zin

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 (REQUIRE)

(CONTINUED)



ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (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:

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 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)