## 19000181091

(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



100332395331

07/25/19--01001--013 \*\*835.00

19 JUL 24 PH 4: 08

FILED 19 JUL 24 PH 1:3

## SUNSHINE CORPORATE FILING OF FLORIDA INC.

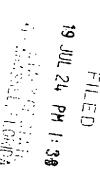
3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 7/24/2019		<i>⇔WALK I</i> N	<b>7#</b> #
ENTITY NAME BROTH	IERS DREAD PRODUCTIONS, LLC		_
DOCUMENT NUMBER_			_
	**PLEASE FILE THE ATTACHED AND RETURN**		
<u>XXXX</u>	Plain Copy Certified Copy Certificate of Status		
****	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	<del></del>	
	Certified Copy of Arts & Amendments  Certificate of Good Standing		
	**APOSTILLE' / NOTARIAL CERTIFICATION**		
COUNTRY OF DESTINATI NUMBER OF CERTIFICAT		-	
TOTAL OWED \$125.00	CHECK # 6395		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

nany, "L.L.C.," or "LLC.") nited Liability Company is:
• ,
nited Liability Company is:
Mailing Address:
12901 SW 56th Street
Southwest Ranches, FL 33330
OT acceptable)
acceptable)
71
Zip or the above stated limited liability company at the istered agent and agree to act in this capacity. I oper and complete performance of my duties, and I gent as provided for in Chapter 605, F.S  Sarah Balen, Assistant Secretary gnature (REQUIRED)

(CONTINUED)



Title:			Name and Address:	
"MGR" =	= Authorized M Manager	ember	Herby Ernst Azor 12901 SW 56th Street	
			Southwest Ranches, FL 33330	
er i.				
<del></del>	· · · · · · · · · · · · · · · · · · ·			
(Use attaci	iment if necessa	ry)		
i effective date ate of filing.) <u>:</u> If the date in:	is listed, the da serted in this blo	te must be specific and	. (OPTIONAL) d cannot be more than five business days prior to or 90 applicable statutory filing requirements, this date will not streeords.	-
	r provisions, if a	ıy.		

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.

Ed Tsuji, Authorized Representative

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)

ARTICLE IV-

S 5.00 Certificate of Status (Optional)

19 JUL 24 PM 1:3