# 119000304859

(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:					
05.7 <b>.</b>					
Office Use Only					



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2019 DEC 20 ANTI: 43
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CEC 23 2019 K Brumpley

# Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

# **ORDER FORM**

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Stops

mstops@incserv.com

850.656.7953

**REQUEST DATE** 12/20/2019

**PRIORITY** Routine

**OUR REF # (Order ID#)** 796321

**ORDER ENTITY** 

PUBLIC HOUSE PICTURES, LLC

### PLEASE PERFORM THE FOLLOWING SERVICES:

PUBLIC HOUSE PICTURES, LLC (FL)

New LLC filing

## **NOTES:**

\$125.00 Authorized

Email address for annual report reminders: tscoff@adsllp.com

### **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Friday, December 20, 2019 Page 1 of 1

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Public House Pictures. LLC	
(Must contain the words "Limited Liabil	lity 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:
c/o Alvarez & Diaz-Silveira LLP	c/o Alvarez & Diaz-Silveira LLP
355 Alhambra Circle, Suite 1450	355 Alhambra Circle, Suite 1450
Coral Gables, Florida 33134	Coral Gables, Florida 33134
ARTICLE III - Registered Agent, Registered Office, & Re The Limited Liability Company cannot serve as its own Registrother business entity with an active Florida registration.)  The name and the Florida street address of the registered agen	stered Agent. You must designate an individual or
Incorporating Services, Ltd	4
Nan	
1540 Glenway Drive	
Florida street address (P.C.	Box NOT acceptable)

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..

State

Tallahassec

City

•

32301

Zip

(CONTINUED)

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2019 DEC 20 KM II: 43
MACLARES SEL 1: 62 7/5

	Title: "AMBR" = Authorized Member		Name and Address:		
	"MGR" = Manager MGR		Christopher Irion		
	MOK		355 Alhambra Circle, Suite 1450		
			Coral Gables, Florida 33134		
			Cotar Gaores, 1 torida 55154		
	<del> </del>	•			
			<del></del>		
	<del></del>	,			
	(Use attachment if nece	• •			
(If an eff the date Note: 1	fective date is listed, the of filling.) If the date inserted in this	date must be specific ar	g: January 1, 2020 (OPTIONAL) and cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as 's records.		
ARTICI	LE VI: Other provisions,	if any.			
	REQUIRED SIGNAT	URE:	2		
	This do	cument is executed in a care that any false informates a third degree felony	r an authorized representative of a member. coordance with section 605.0203 (1) (b), Florida Statutes, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.		
		Chn	Stopher Inon dorprinted name of signee		
	•	Туре	d or printed name of signee		
		•			

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

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)