

L200000030824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

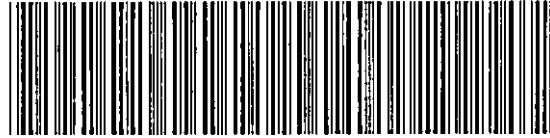
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

2020 JAN 31 AM 9:57

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Advanced Incorporating Service

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: orders@aisincfl.com
Website: www.aisincfl.com

NAME OF ENTITY <i>Liles Productions, LLC</i>	FOR OFFICE USE ONLY

PICK ONE:

___ CERTIFIED COPY ☒ PHOTOCOPY ___ C.U.S.

FILING:

___ CORPORATION ☒ LLC ___ LIMITED PARTNERSHIP ___ GENERAL PARTNERSHIP
___ FICTITIOUS NAME ___ SERVICEMARK/TRADEMARK ___ AMENDMENT
___ FOREIGN QUALIFICATION ___ JUDGMENT LIEN
___ OTHER _____

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Of _____

APOSTILLE/CERTIFICATION REQUEST:

Country _____

Amount of Documents _____

DATE 11/31/20 TIME _____

Notes:

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR

Liles Productions, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Act, Chapter 605, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is **Liles Productions, LLC**

ARTICLE II: PRINCIPAL OFFICE

The principal office and mailing address of the company is **1127 W. Orange Ave., Tallahassee, FL 32310.**

ARTICLE IV: MANAGERS

The name and address of the initial Manager of the company is:

Luke Liles, Manager, 1127 W. Orange Ave., Tallahassee, FL 32310

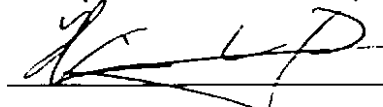
Joshua Liles, Manager, 1127 W. Orange Ave., Tallahassee, FL 32310

ARTICLE V: REGISTERED AGENT AND ADDRESS

The name and address of the initial Registered Agent of the company is **Jarrett Liles, 1127 W. Orange Ave., Tallahassee, FL 32310.**

The undersigned has executed these Articles of Organization this 31st day of January 2020.

“Advanced Filing and Retrieval Services, Inc. by, Weimar Lopez, Client Representative”

A handwritten signature in dark ink, appearing to read 'Weimar Lopez', is written over a horizontal line.

Authorized Representative

CERTIFICATE DESIGNATING REGISTERED AGENT AND REGISTERED OFFICE

Pursuant to the provisions of section 605.0113, Florida Statutes, the
aforementioned company, organized under the laws of the State of
Florida, submits the following statement designating the Registered
Agent and Registered Office, in the State of Florida.

Name of the limited liability company:

Liles Productions, LLC

**Name and address of the Registered Agent and Registered
Office:**

Jarrett Liles

1127 W. Orange Ave., Tallahassee, FL 32310

Having been named Registered Agent and to accept Service of
Process for the aforementioned company at the designated
place in this certificate, I hereby accept the appointment and
agree to act in its capacity, I further agree, am familiar with and
accept the obligations of my position as Registered Agent as
provided for in Chapter 605, Florida Statutes.

/s/: Jarrett Liles

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TALLAHASSEE, FL

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