# L20000299412

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#### COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: SCIPAN'S ProductionS 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:	
Sarah Sims	
Name of Person	
Fip <del>m/Compa</del> ny	
3328 Emerson Lane	
Tallahassee Fl, 32317 City/State and Zip Code	-
E-mail address: (to be used for future annual report notification)	•
For further information concerning this matter, please call:	
SCITCIA at (850) 567-4199  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□S125.00 Filing Fee □S130.00 Filing Fee & □S155.00 Filing Fee & □S160.00 Filing Fee & □	Ç.
Mailing Address Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite \$10
Tallahassee, FL 32303

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Musi contain the words "Limited Liability	Sompany, "L.L.C.," or "I.L.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of t	he Limited Liability Company is:
Principal Office Address:	Mailing Address:
7774 Emerson il and	3278 Emercian Lane

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:

| SAMI | IMS |
| Name |
| STANGE | STANGE | STANGE |
| Florida street address (P.O. Box NOT acceptable) |
State	Zip	Zip			
State	Zip	Zip	Zip		
State	Zip	Zip	Zip		
State	Zip	Zip	Zip		
State	Zip	Zip	Zip		
State	Zip	Zip	Zip	Zip	
State	Zip	Zip	Zip	Zip	Zip
State	Zip				
State	Zip	Zip			

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 (REQUIRED)

(CONTINUED)

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	SCIAL SIMS 3328 Emerson Lane Tailahassee, Fl, 32317	
-104-2-1		
(Use attachment if necessary)		
if an effective date is listed, the date must in the date of filing.)	e date of filing:	
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
This document is of 1 am aware that and	Ta member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, y false information submitted in a document to the Department of State degree felony as proyided for in s.817.155, F.S.	
	Air Ah S MS Typed or printed name of signee	

as

## 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)