# L21000/18759

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		

Office Use Only



500358683435

2621 MAR 22 PM I2: 27 SUGRET\*# / OF STATI

21 MAR 22 AM MS

### FLORIDA FILING & SEARCH SERVICES, INC.

## P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

03/22/21

NAME:

BEAR CREEK PRODUCTIONS, LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

apple Hodge

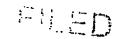
#### **COVER LETTER**

то:	New Filing Sec Division of Cor			
SUBJE	CT: Bear Creek	Productions, LLC Name of L	.imited Liability Company	
The one	alonad Astialan af	Organization and foo(s)	are submitted for filling	
		Organization and fee(s) and ence concerning this r	<del>-</del>	
	Apostolos G	ionis		
			Name of Person	
			Firm/Company	
	1299 Main S	treet, Ste C		
			Address	
	Dunedin, FL	34698	Circlesson and 7:- Code	<del> </del>
	pgionis@gion	islaw com	City/State and Zip Code	
			ed for future annual report notifica	tion)
For furthe	er information co	ncerning this matter, plea	ase call:	
	Apostolos Gi	onis <u>at (</u>	727 ) 534-0854	
	Name		Area Code Daytime Telcpho	ne Number
Enclose	d is a check for th	e following amount:		
<b>■\$</b> 125	.00 Filing Fee	☐\$130.00 Filing Fee of Certificate of Status	& \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Address	Street Address	Nivisiam
	Divisio	ling Section n of Corporations	New Filing Section D The Centre of Tallah	nassee
	P.O. Bo	ox 6327	2415 N. Monroe Stre	eet, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



ARTICLE I - Name:

The name of the Limited Liability Company is:

2021 MAR 22 PH 12: 27

SECRETARY OF STATE
TAIL & HASSEE, FL

Bear Creek Productions, LLC

(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:

City

<u>P</u>	rincipal Office Address:		Mailing Address:
1299 Main Str	eet	12	99 Main Street
Ste C		St	e C
Dunedin, FL 3	4698	Di	unedin, FL 34698
The name and the Florida	street address of the registe Apostolos Gionis	red agent are:	
	Apostolos Cions	Name	· · · · · · · · · · · · · · · · · · ·
	1299 Main Street,	Ste C	
	Florida street adda	ress (P.O. Box <u>NOT</u>	acceptable)
	Dunedin	FL	34698

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

Zip

(CONTINUED)

#### **ARTICLE IV-**

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

<b>Title:</b> "AMBR" = Authorized Membe "MGR" = Manager	Name and Address:
MGR — Manager MGR	Apostolos Gionis 1299 Main Street, Ste C Dunedin, FL 34698
MGR	Joshua Kuder 217 North Howard, Ste 200 Tampa, FL 33606
	STATE SEE FL
an effective date is listed, the date mu	n the date of filing:
date of filing.)  ite: If the date inserted in this block do document's effective date on the Dep	oes not meet the applicable statutory filing requirements, this date will not be listed
TICLE VI: Other provisions, if any.	partment of State's records.
REQUIRED SIGNATURE:	alos vicinis
Signature This document I am aware that	e of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State rd degree felony as provided for in s.817.155, F.S.

Filing Fees:

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Apostolos Gionis