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2021 APR -5 AM 7:28

TALLAHASSEE, FL

[redacted]

17

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Peltz Media Productions LLC
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:

Jason Samuel Peltz
Name of Person

Peltz Media Productions LLC
Firm Company

6447 Point Hancock Dr
Address

Winter Garden FL 34787
City, State and Zip Code

flamazingjp@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Peltz 407 595-7419
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

■ $125.00 Filing Fee ☐ $130.00 Filing Fee & 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)

FILED
2021 APR -5 AM 7:28
TALLAHASSEE, FLORIDA

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is

Peltz Media 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

Principal Office Address:	**Mailing Address:**
6447 Point Hancock Dr	6447 Point Hancock Dr
Winter Garden, FL 34787	Winter Garden, FL 34787

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

Jason Peltz
Name

6447 Point Hancock Dr
Florida street address (P.O. Box **NOT** acceptable)

Winter Garden, FL 34787
City, State, 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.

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2021 APR -5 AM 7:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV:

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

Title:	Name and Address:
"AMBR" - Authorized Member "MGR" - Manager	
MGR	Jason Peltz 6447 Point Hancock Dr Winter Garden, FL 34787
AMBR	Jennifer Peltz 6447 Point Hancock Dr Winter Garden, FL 34787

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing 4/8/2021 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any

REQUIRED SIGNATURE:

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.

Jason Peltz

Typed or printed name of signee

2021 APR -5 AM 7:28

FILED

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)