

L21 000148998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT

2021 APR -9 PM 12:55

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4-9-21

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Lamppost Cinema, 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:

Jessica McNeil  
Name of Person

Firm/Company

1833 Halstead Blvd 1402  
Address

Tallahassee, FL 32309  
City/State and Zip Code

jcmcneil12@gmail.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Jessica McNeil at ( 850 ) 274-8933  
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)

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:

Lampost Cinema, 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:

1833 Halstead Blvd 1402  
Tallahassee, FL 32309

Mailing Address:

1833 Halstead Blvd 1402  
Tallahassee, FL 32309

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:

Jessica McNeil

Name

1833 Halstead Blvd 1402

Florida street address (P.O. Box **NOT** acceptable)

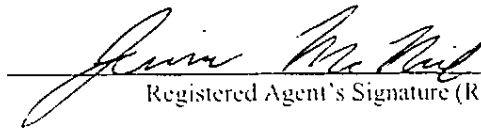
Tallahassee FL 32309

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, F.S.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

CEO AMBR

Name and Address:

Jessica McNeil

1833 Halskad Blvd 1402

Tallahassee FL 32304

(Use attachment if necessary)

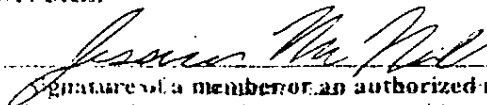
ARTICLE V: Effective date, if other than the date of filing, (OPTIONAL)

(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 entered on this form does not meet the applicable statutory filing requirements, this date will not be recorded in the document and will not be maintained in 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 (4)(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.

Jessica McNeil

Typed or printed name of signer

Filing Fees:

US \$100.00 per year for each of Organization and Designation of Registered Agent.

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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