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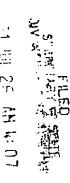
(Requestor's Name)
(Address)
<u></u>
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

	ew Filing Sec ivision of Cor								
SUBJECT	TonyJonesi	Movie LLC							
Name of Limited Liability Company									
The enclos	sed Articles of	Organization and	l fee(s) are	submitted	for filing.				
Please retu	irn all correspo	ndence concerni	ng this ma	tter to the fi	ollowing:				
	Vincent Gras	haw							
				Name of	Person				
				Firm/Cor	npany	 			
	19193 Kenya	St.							
				Addre	rss				
	Porter Ranch	, CA 91326							
	vgrashaw@gn	nail.com	Ci	ty/State and	I Zip Code				
•	E	-mail address: (to	o be used f	for future a	nual report notificat	ion)			
For further i	nformation cor	cerning this mat	ter, please	call:					
	Vincent Grash	naw	818 at (943-0043				
	Name	of Person	Are	ea Code	Daytime Telephon	e Number			
Enclosed is	s a check for th	e following amo	unt:						
□\$125.00	Filing Fee	□\$130.00 Filin Certificate of \$	_	Certific	.00 Filing Fee & d Copy I copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
		Address ling Section			Street Address New Filing Section Di	vision			

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 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TonyJonesMovie LLC	
	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
·—···	
The mailing address and street address of the principal of	fice of the Limited Liability Company is: Mailing Address 19193 Kenva St.
The mailing address and street address of the principal of Principal Office Address :	Mailing Address

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:

Name

4440 PGA Blvd. Ste. 600

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

Palm Beach Gardens FL 33410

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)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	Vincent Grashaw 19193 Kenva St. Porter Ranch. CA 91326	
		
(Use attachment if necessary)		
(If an effective date is listed, the date must be s the date of filing.)	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 t meet the applicable statutory filing requirements, this date will not at of State's records.	-
the date of filing.) Note: If the date inserted in this block does not	t meet the applicable statutory filing requirements, this date will not	-

Filing Fees:

Signature of a member or an autil rized 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

Typed or printed name of signee

Vincent Grashaw

constitutes a third degree felony as provided for in s.817.155, F.S.

REQUIRED SIGNATURE: