L22000136819

(Requestor's Name)
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202

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

FIIONE: 030-330-1300				
ACCOUNT NO. : 12000000195				
REFERENCE : 584923 7358149				
AUTHORIZATION: Spelle man				
COST LIMIT: \$125,00				
ORDER DATE: March 31, 2022				
ORDER TIME : 8:19 AM				
ORDER NO. : 584923-005				
CUSTOMER NO: 7358149				
DOMESTIC FILING				
NAME: PRODUKTION LLC				
EFFECTIVE DATE:				
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING				
CONTACT PERSON: Alexxis Weiland - EXT.				

EXAMINER'S INITIALS: _

COVER LETTER

TO:	New Filing Section Division of Corporations			
SUBJI	PRODUKTION LLC			
0020	· · · · · · · · · · · · · · · · · · ·	of Limited Liab	ility Company	
The en	nclosed Articles of Organization and fe	ec(s) are submitte	ed for filing.	
Please	return all correspondence concerning	this matter to the	following:	
	Graham Jones			
		Name (of Person	
	GRJ LLC			
		Firm/C	Company	
	320 Fifth Avenue			
		Ado	iress	
	New York, NY 10001			
		City/State a	and Zip Code	
	graham.jones@grjllc.com F-mail address: (to b	e used for future	annual report notificati	on)
For furth	her information concerning this matter		annaar report notifican	o,
	Graham Jones	201 _at (723-7964 	
	Name of Person	Area Code	Daytime Telephon	
Enclose	ed is a check for the following amount	i		
□ \$ 12:	5.00 Filing Fee	tus Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations		Street Address New Filing Section Di The Centre of Tallaha	issee

P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2022 APR -1 PM 1:14

SECRETARY OF STATE TALLAHASSEE.FL

PR	\cap	DΙ	T	K"	11	\cap	N	П	ı,	c

(Must conatin the words "Limited Liability Company, "L.L.C.," or "LLC.")

<u>Princip</u>	al Office Address:		Mailing Address:
320 FIFTH AVENU	E #1000	32	0 FIFTH AVENUE #1000
NEW YORK, NY 10	0001	N	EW YORK, NY 10001
			. You must designate an individual o
nother business entity with an a	active Florida registration address of the registere	on.) d agent are:	You must designate an individual o
nother business entity with an a	active Florida registration	on.) d agent are:	i ou must designate an individual o
nother business entity with an a	active Florida registration address of the registere	on.) d agent are: Company	You must designate an individual o
nother business entity with an a	active Florida registration address of the registere Corporation Service	on.) d agent are: Company Name	
nother business entity with an a	active Florida registration address of the registere Corporation Service 1201 Hays Street	on.) d agent are: Company Name	

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.. Corporation Service Company

allexis Weighod, assistant va president Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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	
MGR	GRAHAM JONES 320 FIFTH AVENUE #1000 NEW YORK, NY 10001
AMBR	KRISTIN SCHROT 320 FFFTH AVENUE #1000 NEW YORK, NY 10001
	NEW YORK, NY 10001 SECHE ITALY AND THE SECHE ITALY
	PM 1:14 SSEE FL
(Use attachment if necessary)	
(If an effective date is listed, the date must be s the date of filing.)	te of filing:
REQUIRED SIGNATURE:	
This document is execu I am aware that any fals	nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ce felony as provided for in s.817.155, F.S.
GRAHAM JON	HES
	Typed or printed name of signee

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)