Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone Fax Number

: (305)552-5973 : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

C-sil	Address		

## FLORIDA LIMITED LIABILITY CO. KJ PRODUCTIONS GROUP LLC

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\$130.00		

Electronic Filing Menu

Corporate Filing Menu

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A DITTOT D Z	- START I
ARTICLE I - Name	<b>).</b>
The name of the Li	mited Liability Company is:
	ompany is:
	<i>V</i> =
	KJ Productions GROUP LLC ress:
ARTICIEN	HOURTHONS GROUP LLC
ARTICLE II - Addr	ess:
Component address	s and street address of the principal office of the Limited Liability
company is:	of the Limited Liability
	1407 S. 112 n n
	1407 Sw 113 Ave Pemboke Pines, Fl
<b></b> -	1110
	20
	33025
A DOTTOT D. Tow.	
The The HI - Region	stered Agent, Registered Office:
ne name and the Fl	orida street address of the registered
with an active Elect	orida street address of the registered agent are: (The Limited Liability
an active rioriaa registra	Orida street address of the registered agent are: (The Limited Liability own Registered Agent. You must designate an individual or another business entity
VENIN T	EMANUEL ADDERLEY TO
	EMANUEL ADDERLEY JR. SW 113 AVE
1407	SW 113 N/=
Ŋ	AVE
/Em B	ROKE PINES, FL 33025
	CONCE TINES FL 33025
RTICLE IV	
be name and the A	
is name and title of	each person authorized to manage and control the Limited
iability Company: (P	MGR or AMBR)
	2
REVIN	I EMANUEL ADDERLEY JR (AMBR)
	- THOSE HOVERCLEY JR HMBR
·	
** <del>***********************************</del>	
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## Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.3.

## Typed or printed name of signee

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 herely 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)