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Florida Dept.

Division of Corporations

Florida Department of State
Division of Corporations
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10:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : INTERSTATE FILINGS LLC
Account Number : I20110000086
Phone : (718)569-2703
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: contact@interstatefilings.com

**FLORIDA LIMITED LIABILITY CO.
LEAFHOUSE PRODUCTIONS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2022.4.30 PM 3:50

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LEAFHOUSE PRODUCTIONS LLC

(Must end with the words "Limited Liability Company, "LLC," or "LLC")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:2716 GEOFFREY DR
ORLANDO, FL 32826Mailing Address:208 FRANKLIN ST, APT 4R
BROOKLYN, NY 11222

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:

STEVEN LAMBIASE

Name

2716 GEOFFREY DRFlorida street address (P.O. Box NOT acceptable)ORLANDOFL32826

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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22 AUG 30 PM 12:35
FLORIDA SECRETARY OF STATE
REGISTRATION UNIT
1000 BRICKELL AVENUE
SUITE 100
MIAMI, FL 33131

FBI - MIAMI

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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
MGRM

Name and Address:

STEVEN LAMBIASE
2716 GEOFFREY DR,
ORLANDO, FL 32826

(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 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.

STEVEN LAMBIASE

Typed or printed name of signee

22 AUG 30 PM 12:35
FBI - MIAMI
CLASSIFIED BY FLORIDA

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