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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : SAXON GILMORE NON-TRUST FUNDS
Account Number : I20180000023
Phone : (813)314-4551
Fax Number : (813)314-4555

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

Email Address: FLCORP@SAXONGILMORE.COM

FLORIDA LIMITED LIABILITY CO.
FLAMING HEART PRODUCTIONS, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	$160.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 SEP 14 PM 1:18

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

FLAMING HEART PRODUCTIONS, 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:	Mailing Address:
1429 COTTONWOOD TERRACE	P.O. BOX 639
DUNEDIN, FL 34698	SAFETY HARBOR, FL 34695

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:

PAUL M. QUIN, ESQ.
Name

201 E. KENNEDY BLVD., SUITE 600
Florida street address (P.O. Box **NOT** acceptable)

TAMPA	FL	33602
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:	Name and Address:
"AMBR" Authorized Member "MGR" - Manager	
AMBR	LAURA AIDA OLIVARES STECHER P.O. BOX 639 SAFETY HARBOR, FL 34695

(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.

LAURA AIDA OLIVARES STECHER, AUTHORIZED MEMBER
Typed or printed name of signee

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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)