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(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
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CHATTIARDA COLA

2023 APR 10 PM 1: 24



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

OCUMENT NUMBER		
	PLEASE FILE THE	FATTACHED AND RETURN
<u></u>	Plain Copy	
(XXXXX	Certified Copy	
	Certificate of Status	
*	*PLEASE OBTAIN THE FO	CLLOWING FOR THE ABOVE ENTITY**
	Certified Copy of Arts &	
		- Amendments Complete File (Inclading Annaal Reports)
	Certificate of Status	
<u>.</u>	Certificate of Status Refi	lecting:
	APOSTILLE' / NO	OTARIAL CERTIFICATION
COUNTRY OF DESTINAT	TION	
NUMBER OF CERTIFICA	TES REQUESTED	
		ACCOUNT # 120140000108 With United Corporate Services, Inc. Thank you so much!

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Mac & Ernie Productions, LL	.C	
	nited Liability Company	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Dolores Burton		
	Name of Person	
United Corporate Services, In		
	Firm/Company	
80 State Street, Suite 1101		
	Address	
Albany, NY 12207		
	ity/State and Zip Code	
ryan.mcinerney@gmail.com	for future annual report notificati	on)
,	<u>-</u>	,
For further information concerning this matter, please	e call;	
at t	1	
Name of Person A	rea Code Daytime Telephon	e Number
Enclosed is a check for the following amount:		
□\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status	☑\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address	
New Filing Section Division of Corporations	New Filing Section Di The Centre of Tallaha	
P.O. Box 6327	2415 N. Monroe Stre	et, Suite 810
Tallahassee, FL 32314	Tallahassee, FL 3230	3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

	nie Productions, LL st contain the words "Limited I		ny, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and st	treet address of the principal o	ffice of the Limit	ted Liability Company is:		
<u>P</u>	rincipal Office Address:		Mailing Ad	dress:	
4789 S. Classic	at Blvd	47	789 S. Classical Blvd		
Delray Beach FL		<u>D</u>	elray Beach FL 33445		
	Ryan McInerney	Name		2023 APR 10 PM 1:2 SECK 17 10 05 SIN	-
	Florida street address (P.O. Box NOT acceptable)			د:.::	
	Delray Beach	FL	33445	2	
			· ·	·	
	City	State	Zip		
place designated in this cert further agree to comply with		ice of process for ointment as regis clating to the pro as registered age	the above stated limited li- tered agent and agree to a per and complete perform	ct in this capacity. I ance of my duties, and I	

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

	atomical Managara			
"MGR" = Mai	nthorized Member			
	iagei			
AMBR		Ryan McInemey 4789 S. Classical Blvd		
		Delray Beach FL 33445	· 	
		Driedy Original Landers		
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CLE V: Effective	nt if necessary) date, if other than the dated, the date must be	ite of filing:specific and cannot be more than five busine	(OPTIONAL) ss days prior to o	or 90 days
CLE V: Effective effective date is late of filing.) If the date insert	date, if other than the disted, the date must be	specific and cannot be more than five busine t meet the applicable statutory filing requirem	ss days prior to o	
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CLE V: Effective effective date is late of filing.) If the date insert occument's effective CLE VI: Other present the content of the content occument.	edate, if other than the date isted, the date must be ed in this block does note date on the Departme ovisions, if any. SIGNATURE: /S/ Ryan McInerney Signature of a This document is exe I am aware that any fa	member or an authorized representative of cuted in accordance with section 605.0203 (1) lse information submitted in a document to the ree felony as provided for in s.817.155, F.S.	a member. (b), Florida Statu	Il not be lis

as

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)