L23000248159

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
4

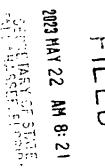
Office Use Only



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LLC

##125.00 *#125.00



A. RAMSEY MAY 2 7 2023

COVER LETTER

ТО:	New Filing Section Division of Corporations				
SUBJECT:	Mac Daddy Blues Productions, LLC				
The enclosed A	rticles of Organization and fee(s) are submitted for filing.				
Please return al	correspondence concerning this matter to the following:				
	Dan MacDonald Name of Person				
	Firm/Company				
	108 Waukeenah Cemetery Road Address				
	Monticello, FL 32344 City/State/Zip Code				
	Dmacdon141@aol.com E-Mail Address: (to be used for future annual report notification)				
For further info	mation concerning this matter, please call:				
	Dan MacDonald at (850) 242-1211 Name of Person Area Code Daytime Telephone Number				
Enclosed is a chec	ck for the following amount:				
\$125.00 Filing Fe	e \$130,00 Filing Fee & \$155,00 Filing Fee & \$160,00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)				

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited L	iability Company is	::				
Mac Daddy Blues (Must	Productions, LLC contain the words "	Limited Liabil	ity Company", "L.L.C."	" or "LLC") =	7073 Y	</th
ARTICLE II – Address: The mailing address and st				-	2003 HAY 22 M 8: 21	7
Princip	al Office Address:		Mailing A	<u>\ddress:</u>	100 00	
108 Waukeenah Cemetery Road Monticello, FL 32344			108 Waukeenah Cemetery Road Monticello, FL 32344			
ARTICLE III – Registere (The Limited Liability Con another business entity with The name and the Florida's	npany cannot serve n an active Florida i	as its own Reg registration.)	istered Agent. You mu		individual or	
	108 Waukeenah Ce Florida street address (P.		plable)			
	Monticello	FL	32344			
	City	State	Zip			
Having been named as registe place designated in this certifi further agree to comply with p familiar with and accept the o	cate. I hereby accept provisions of all statut	the appointment es relating to the	t as registered agent and a proper and complete perj	igree to act in the formance of my	us capacity. I duties, and I am	
	/.	8/ Dan Maci) Oonald			
			ture (REQUIRED)			

(CONTINUED)

ARTICLE IV – The name and address of each person author	rized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Dan MacDonald 108 Waukeenah Cemetery Road Monticello, FL 32344
MGR	Dianne Robinson 6118 Observation Circle Tallahassee, FL 32317
days after the date of filing.)	not meet the applicable statutory filing requirements, this date will not
ARTICLE VI: Other provisions, if any.	
the other manager. No manager will take any distribution or promanagers, unless the other manager is perma. All money received by the organization will	ation upon verbal notice followed by a thirty (30) day written notice to
REQUIRED SIGNATURE:	
	/S/ Dan MacDonald
This document is executed in I am aware that any false info	ber or an authorized representative of a member. accordance with section 605.0203(1)(b), Florida Statutes, brightness of the description of State provided for in s.817.155, F.S.

Dan MacDonald
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)