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2023 T. G. William

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

KENNY MITCH	ELL PRODUC	TIONS, LLC	
Please Debit FCA	000000003 For:	125	
Thank you Seth N	leelev		
Thank you sell is	/	·	-
Atta/			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
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			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			× Photo Copy
			Certificate of Good Standing
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			Corp Record Search
			Officer Search
11	- /		Fictitious Search
			Fictitious Owner Search
Signature			Vehicle Search
			Driving Record
Requested by:			UCC 1 or 3 File
requested by.			UCC 11 Search
Name	Date	Time	UCC 11 Retrieval
Walk-In	Will Pick I	Up	Courier

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability	y Company is:					
	PRODUCTIONS, LI					
(Must conta	un the words "Limited	Liability Compi	any, "L.L.C.," or "LLC.")			
ARTICLE II - Address:						
The mailing address and street ad	ldress of the principal	office of the Lin	ited Liability Company is:			
Principal Office Address:			Mailing Address:			
17477 SW 36TH TER	RRACE		17477 SW 36TH TERRACE			
OCALA, FL 34473			OCALA, FL 34473			
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its ow	n Registered Age	rgent 3 Signature: ent. You must designate an individual or			
The name and the Florida street address of the registered agent are:						
KENNY MITCHELL						
Name						
17477 SW 36TH TERRACE						
Florida street address (P.O. Box <u>NOT</u> acceptable)						
	OCALA	Fl.	34473			
	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.,

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Same and Address: "AMBR" = Authorized Member "MGR" = Manager <u>MGR</u> KENNY MITCHELI 17477 SW 36TH TERRACE OCALA, FL 34473 AMBR KENNY MITCHELL 17477 SW 36TH TERRACE (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 5.817.155, F.S.

KENNY MITCHELL

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)

S 5.00 Certificate of Status (Optional)