

L23000476102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

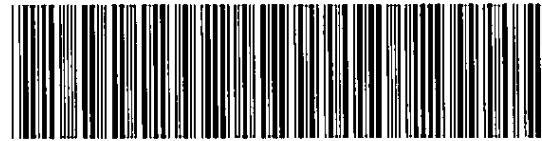
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300417148893

OCT 18 PM 2:26
10/18/23--01008--009

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
OCT 18 PM 2:05

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Forty Eighty East Productions LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brielle Corbett
Name of Person

Production Company
Firm/Company

33 Buckleph Lane
Address

Monticello, FL 32354
City/State and Zip Code

brielle.corbett@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brielle Corbett at 904 885-5336
Name of Person Area Code Daytime Telephone 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

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 Liability Company is:

Forty Eight East 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:

33 Rudolph Ln
MONTICELLO, FL 32344

Mailing Address:

4072 OR 249
LINE OAK, FL 32060

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:

Bonnie Corbett
Name
33 Rudolph Ln
Florida street address (P.O. Box **NOT** acceptable)
Monticello, FL 32344
City State Zip

27 Oct 13 PM 2:26

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..

Bonnie Corbett
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

President

Brielle Corbett
3331 Wilshire Blvd. (A)
Malibu, CA 90262-3411

Vice President

James Corbett
3331 Wilshire Blvd. (A)
Malibu, CA 90262-3411

Creative Director

Brenda James
4020 4 Ave - 10102
Malibu, CA 90262-3411

Managing Member

Brittany Jackson
3415 Sunset Blvd. Apt 1214
Malibu, CA 90262-3412

(Use attachment if necessary)

2007-10-19 PM 2:25

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:

Brielle Corbett
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.

Brielle Corbett
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)