

L24000231521

(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:

W 24000062172

Office Use Only



700427391967

04/10/24--01021--007 \*\*180.00

FILED  
2024 MAY 15 PM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 19, 2024

TIFFANY FLOWERS TOWNS  
10356 SHELBY CREEK ROAD S  
JACKSONVILLE, FL 32221 US

SUBJECT: PURPOSE-FOCUSED PRODUCTIONS, LLC  
Ref. Number: W24000062172

We have received your document for PURPOSE-FOCUSED PRODUCTIONS, LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tekayla T Matthews  
Regulatory Specialist II

Letter Number: 724A00008563

RECEIVED  
2024 MAY 15 PM 12:43  
CORPORATIONS  
REGISTRAR  
SERVICES

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Purpose-Focused 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:

Tiffany Flowers Towns

Name of Person

Purpose-Focused Productions, LLC

Firm/Company

10356 Shelby Creek Road South

Address

Jacksonville, Florida 32221

City/State and Zip Code

tstowns@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tiffany Flowers Towns      904      233-0113  
at (      )  
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:

Purpose-Focused 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:

10356 Shelby Creek Road South  
Jacksonville, Florida 32221

Mailing Address:

P.O. Box 61024  
Jacksonville, Florida 32236

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:

Tiffany Flowers Towns

Name

10356 Shelby Creek Road South

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville

Florida

32221

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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ALLAHASSEE, FLORIDA

**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:**

MGR \_\_\_\_\_

Tiffany S. Towns  
10356 Shelby Creek Road South  
Jacksonville, Florida 32221

MGR \_\_\_\_\_

Vince E. Towns  
10356 Shelby Creek Road South  
Jacksonville, Florida 32221

AMBR \_\_\_\_\_

Crystal C. Towns  
10356 Shelby Creek Road South  
Jacksonville, Florida 32221

AMBR \_\_\_\_\_

Camryn E. Towns  
10356 Shelby Creek Road South  
Jacksonville, Florida 32221

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: April 6, 2024 (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.

\_\_\_\_\_  
Vince Elwood Towns

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)