CT CORPORATION SYSTEM

CORPORATION(S) NAME L01000002532

Exhibit Effects- East LLC

600003707946--8
-02/16/01--01121--009
****125.00 ****125.00

( ) Profit ( ) Nonprofit	( ) Amendment	( ) Merger
( ) Foreign	( ) Dissolution/Withdrawal ( ) Reinstatement	( ) Mark
( ) Limited Partnership (✓) LLC Formation	( ) Annual Report ( ) Name Registration ( ) Fictitious Name	( ) Other ( ) Change of RA ( ) UCC
( ) Certified Copy	( ) Photocopies	( ) CUS
( ) Call When Ready (x) Walk In ( ) Mail Out	( ) Call If Problem ( ) Will Wait	( ) After 4:30 (x) Pick Up

01 FEB 16 PM 2:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPROVED AND FILED

Name 2/16/01 Order#: 3628050
Availability _____
Document
Examiner _____ Ref#: _____
Updater _____
Verifier _____
W.P. Verifier _____ Amount: $_____

RECEIVED
01 FEB 16 PM 2:01
DIVISION OF CORPORATION

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

LME

2-16-01

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Exhibit Effects ~ East, LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

2400 Lake Orange Drive, #100
Orlando, FL 32837

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

CT Corporation System
Name

1200 S. Pine Island Road
Florida street address (P.O. Box NOT acceptable)

Plantation, FL 33324
City, State, and 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 608, F.S..

Connie Bryan
Registered Agent's Signature

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

Article IV - Management (Check box if applicable.)
[X] The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Joseph A. Rossi
Typed or printed name of signee

Filing Fees:
$100.00 Filing Fee for Articles of Organization
$ 25.00 Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)

FILED
01 FEB 16 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED