

L03000016809

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

DIVISION OF CORPORATION

03 MAY -9 PM 2:57

RECEIVED

LIMITED LIABILITY COMPANY

X PRODUCTION, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

03 MAY -9 PM 3:11
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FILE

Handwritten signature/initials

**ARTICLES OF ORGANIZATION
FOR**

X Production, LLC

ARTICLE I - NAME

The name of the Limited Liability Company is:

X Production, LLC

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

3917 N. Meridian Avenue, #8
Miami Beach, FL 33140

ARTICLE III - REGISTERED AGENT/REGISTERED OFFICE

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

Cyrus Domirai
3917 N. Meridian Avenue, #8
Miami Beach, FL 33140

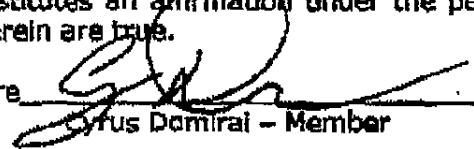
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

Signature



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.

Signature


Cyrus Domirai - Member

STATE OF FLORIDA
DEPARTMENT OF REVENUE

03 MAY -9 PM 3:11

REC'D
MAY 11
PM 3:11