

Florida Department of State

**LO7000002488**

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

From:  
 Account Name : EMPIRE CORPORATE KIT COMPANY  
 Account Number : 072450003255  
 Phone : (305) 634-3694  
 Fax Number : (305) 633-9696

07 JAN -8 PM 8:40  
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TALLAHASSEE FLORIDA

RECEIVED  
07 JAN -8 PM 2:27  
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TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**advanced production & entertainment, llc**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE 1 - Name:**

The name of the Limited Liability Company is: **Advanced Production & Entertainment, LLC**

**ARTICLE II - Address:**

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

Principal Office Address:

Mailing Address:

1320 S. Dixie Highway, Suite 1045  
Coral Gables, FL 33146

Same

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

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

**ALAN K. MARCUS, ESQ.**  
Name

**GABLES ONE TOWER, SUITE 1045**  
**1320 SOUTH DIXIE HIGHWAY**  
Florida street address (P.O. Box NOT acceptable)

**CORAL GABLES, FLORIDA 33146**  
City, State, and Zip

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*Having been named a 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 in Chapter 608, F.S.*

  
Registered Agent's Signature

(CONTINUED) Page 1 of 2

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

MGR = Manager

MGRM = Managing Member

**Name and Address:**

MGRM -Stephanie Montalvo

3 Island Avenue #11A  
Miami Beach, FL 33139

MGRM -Alan K. Marcus

1320 S. Dixie Highway, Suite 1045  
Coral Gables, FL 33146

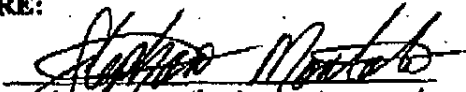
MGRM - Bruce Horwich

1320 S. Dixie Highway, Suite 1045  
Coral Gables, FL 33146

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(Use attachment if necessary) **NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**



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)

Stephanie Montalvo  
Typed or printed name of signer

**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)

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