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EXAMINER



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DIVISION DESCRIPTIONS
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ACCOUNT	NI C	_
ACCOUNT	NO.	

12000000195 DEPARTMENT OF STATE DIVISION OF CHAPORATIONS TALLAHASSEE, FLORIDA

REFERENCE :

868901

AUTHORIZATION :

COST LIMIT :

ORDER DATE: August 3, 2011

ORDER TIME : 5:15 PM

ORDER NO. : 868901-015

CUSTOMER NO:

7707745

DOMESTIC FILING

: AMAN

LOVE ME DIGITAL PRODUCTIONS

LLC

EFFECTIVE DATE:

XX	CERTIF	CATE	F INCORPORT F OF LIMIT F ORGANIZA	ED I	PARTNE	RSH:	ΙP	
PLEASE	RETURN	THE	FOLLOWING	: AS	PROOF	OF	FILING	:

CERTIFIED COPY PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Becky Peirce - EXT. 2919

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPA **ARTICLE I - Name:** The name of the Limited Liability Company is: LOVE ME DIGITAL PRODUCTIONS LLC (Must end with 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: Mailing Address: Principal Office Address: 804 Douglas Road 804 Douglas Road Suite 365 Suite 365 Coral Gables, FL 33134 Coral Gables, FL 33134 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: William H. O'Dowd Name 804 Douglas Road Florida street address (P.O. Box NOT acceptable) Coral Gables FL 33134 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.

William H. O'Dowd

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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	Dolphin Digital Media Inc. 804 Douglas Road Coral Gables, FL 33134
(Use attachment if necessary)	
ICLE V: Effective date, if other than effective date is listed, the date megodays after the date of filing.)	ust be specific and cannot be more than five business days pri
REQUIRED SIGNATURE:	
<i>1</i> ,	Im I Ot I

(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. 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.)

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)