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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H16000006794 3)))



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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
16 JAN -8 AM 12:00
TALLAHASSEE, FLORIDA

RECEIVED
16 JAN -8 PM 4:46

**FLORIDA LIMITED LIABILITY CO.
IVC Television, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Please File 2nd after H16000006788

EFFECTIVE DATE 1/1/16

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FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

16 JAN -8 AM 12:00

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

THE DEPT. OF STATE
TALLAHASSEE, FLORIDA

IVC Television, 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:

EFFECTIVE DATE

1/1/16

Principal Office Address:

Mailing Address:

2525 Ponce de Leon Blvd.

2525 Ponce de Leon Blvd.

Suite 250

Suite 250

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:

CT Corporation

Name

1200 S Pine Island Rd, Suite 250

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

Plantation

Florida

33324

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.

C T Corporation

Daniela Byers

Daniela Byers - Asst. Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>AMBR</u>	<u>Ole Communications Group (US), LLC</u>
	<u>2525 Ponce de Leon Blvd., Suite 250</u>
	<u>Coral Gables, FL 33134</u>
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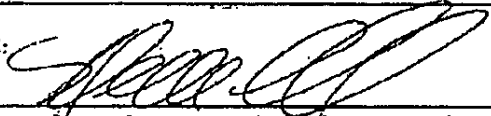
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1, 2016 (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.

Miriam Cruz-Bustillo
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)