4621 Hall	Sealty Unc Or's Name Just Blud Address FL 33021 Phone #) /879 900026380692 -09/14/9801047014 ****285.00 ****285.00
1(Corporation 2(Corporation Corporation Corporatio		BER(S), (if known): ument #) ument #)
_		SECRETARY OF STATE Certified Copy Certificate of Status:
Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name Name Reservation	AMENDMENTS Amendment Resignation of R.A., Officer/ Direct Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	
	Other	Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PAINE PRODUCTIONS, L.L.C.

ARTICLE II - Address:

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

4621 Hollywood Boulevard Hollywood, Florida

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

PERPETUAL DURATION

ARTICLE IV - Management: (Check the appropriate box and complete the statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Francis Maxwell Flynn 4621 Hollywood Boulevard Hollywood, Florida 33021

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

N/A

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

NONE

FILED
98 SEP 14 PM 4: 30
SECRETARY OF STATE
TALL AHASSEE, FLORIDA

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of Paine F	roductions.L.L.C	
<u></u>	certifies:	
1) the above named limited liability company has at least one member; 2) the total athount of cash contributed by the member(s) is	\$ <u>100.00</u> ;	
3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.); and 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is	\$;	
	\$_10,000	
Signature of a member or an authorized representative of a mem (In accordance with section 608.408(3), Florida Statutes, the execution affidavit constitutes an affirmation under the penalties of perjury that the stated herein are true.)	ber. of this ne facts	
Francis Maxwell Flynn		
Typed or printed name of signee	- ·	

Filing Fee: \$250.00 for Articles and Affidavit

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name of the limited liability company is:	Paine Productions, L.L.	98	
			3 SEP	
		NSS:	4	-
2	The name and it. +t .* to	FLS:	P X	[
Z.	The name and the Florida street address of the rep	Bisicied agent ate:	t: 30	
	Francis Maxwell Flynn	. <u></u>		
	NAME			
	4621 Hollywood Boulevar	-d		
	Florida street address (P. O. Bo	OX <u>NOT</u> ACCEPTABLE)		
	Hollywood FL 330)21	-	-
	City, State an	JD ZIP		

Having been named as registered agent and to accept service of process for the above stated limited Itability 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.

SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent