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B. KOHR

SEP - 7 2011

**EXAMINER** 

DIVISION OF CORPORATIONS

11 SEP -7 PN 3: 29



TES 7 W.3.5

ACCOUNT	NO.	:	120000000195

REFERENCE: 903903

903903 7707745

AUTHORIZATION : (

COST LIMIT : \$ 125.00

ORDER DATE: September 7, 2011

ORDER TIME : 12:50 PM

ORDER NO. : 903903-030

CUSTOMER NO: 7707745

7707745

### DOMESTIC FILING

NAME:

DOLPHIN JMG SYNDICATION

DEVELOPMENT, LLC

#### EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS:

# **COVER LETTER**

TO:

Registration Section

D	Division of Corporations			E.
SUBJECT	r. Dolphin JN	AG Syndicatio	n Developme	ent, LLC
Se bone i	`' _ <del></del>	nited Liability Co		
The enclos	sed Articles of Organization and fee(s) ar	e submitted for f	iling.	
Please retu	um all correspondence concerning this m	atter to the follow	ving:	
	. Will	liam O'Dowd	·	
		Name of Person	I	
	Dolphin E	Intertainment I		
		Firm/Company	,	
	Suite 365, 804 Douglas l	Road, Executiv	ve Tower Bui	lding
<del></del> -		Address		
	Coral Gables,	FL	33134	
<del></del>	·	City/State and Zip (	lode	
<del></del>	E-mail address: (to be used	for future annual	report notification	n)
For further	information concerning this matter, plea	se call:		
		ot (	`	
<del></del>	Name of Person	Area C	ode & Daytime	l'elephone Number
Enclosed i	is a check for the following amount:			
125.00 Fil	ling Fee \$\int \$130.00 \text{ Filing Fee & Certificate of Status}	Certified	iling Fee & Copy copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regist Divisi Clifto 2661	Courier Address ration Section on of Corporati n Building Executive Center assee, FL 3230	ons er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COM

	<b>*%</b> *
ARTICLE I - Name:	ン
The name of the Limited Liability Company is:	3
	•
Dolphin JMG Syndication Development, 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 Lia	ability Company is:

Principal Office Address:	Mailing Address:	
04 Douglas Road, Suite 365	804 Douglas Road, 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 O'Dowd	
- · · · · · · · · · · · · · · · · · · ·	Name
Suite 365, 804 D	oglas Road, Executive Tower Bldg
Flo	orida street address (P.O. Box <u>NOT</u> 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 O'Dowd

By: William O'Dowl

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Memb	Dolphin Entertainment Inc. Suite 356, 804 Douglas Road, Executive Tower Bldg Coral Gables, FL 33134
MGR	William O'Dowd c/o Dolphin Entertainment Inc., Suite 365 804 Douglas Road, Coral Gables, FL 33134
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	)
	than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days pro-
REQUIRED SIGNATURE:	•
21	Jellen O Dal
Signature of	a member or an authorized representative of a member.
constitutes an affirmat I am aware that any fa	ection 608.408(3), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true. also information submitted in a document the Department of State

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)

Typed or printed name of signee