

CCRS
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

L01000005485

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: CINDY HICKS

DATE: 04-10-01

REF. #: 0656.15342

CORP. NAME: ACCINEMA LLC

STATE DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

01 APR 10 AM 11:14

APPROVED
AND
FILED

- ARTICLES OF INCORPORATION
- ARTICLES OF AMENDMENT
- ARTICLES OF DISSOLUTION
- ANNUAL REPORT
- TRADEMARK/SERVICE MARK
- FICTITIOUS NAME
- FOREIGN QUALIFICATION
- LIMITED PARTNERSHIP
- LIMITED LIABILITY
- REINSTATEMENT
- MERGER
- WITHDRAWAL
- CERTIFICATE OF CANCELLATION
- UCC-1
- UCC-3
- OTHER: _____

100003984291
-04/10/01--01041--003
****160.00 ****160.00

STATE FEES PREPAID WITH CHECK# 10617 FOR \$ 160.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- CERTIFIED COPY
- CERTIFICATE OF GOOD STANDING
- PLAIN STAMPED COPY
- CERTIFICATE OF STATUS

Examiner's Initials

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 APR 10 AM 10:32
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

DB
4-10-01

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Accinema LLC

ARTICLE II - Address:

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

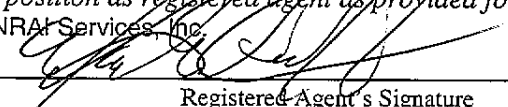
714 Burlwood Street, Brandon, FL 33511

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

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

NRAI Services, Inc.
Name
526 E. Park Avenue
Florida street address (P.O. Box **NOT** acceptable)
Tallahassee FL 32301
City, State, and Zip

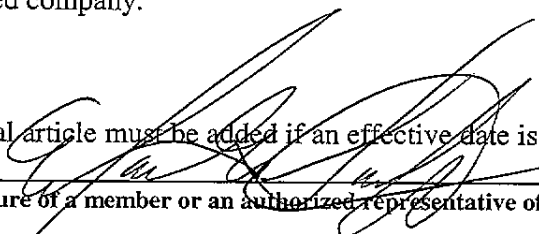
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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..

NRAI Services, Inc.

Registered Agent's Signature
Mark H. Schaeffer, Asst Secy of NRAI

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)


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.)

Mark H. Schaeffer, Authorized Representative
Typed or printed name of signee

APPROVAL AND FILING
01 SEP 10 09:11:14
STATEMENT OF PAID
FILED
TALLAHASSEE, FLORIDA

- FILING FEES:**
\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)