Joseph Collard 3040 Jasmine Ter Delray Beach Fl 33483 Phone 561-953-5015 Joseph Collard 3040 Jasmine Ter Delray Beach Fl 33483 Phone 561-953-5015 Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.			
	(Corporation Name)	(Document #)	4000053131641 -04/22/0201060005 ****125.00 ****125.00
2	(Corporation Name)	(Document #)	v magazita kandida m agazita kandida magazita
(Corporation Name)		(Document #)	्राक्ष्य विकास विकास स्थाप । १९४० विकास स्थाप १८००
4	(Corporation Name)	(Document #)	
☐ Walk in	Pick up time	<u> </u>	Certified Copy
☐ Mail out	Will wait	Photocopy	Certificate of Status
NEW FILING	<u>GS</u>	<u>AMENDMENTS</u>	
Profit Not for Profit Limited Liability Domestication Other		Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FIL	<u>INGS</u>	REGISTRATION/Q	UALIFICATION
Annual R Fictitious		Foreign Limited Partnersh Reinstatement Trademark Other	hip
			Evaminar's Initials

CR2E031(7/97)

ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Cinema Ventures LLC
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
8000 N. Federal HWY Suite 216 BOCA Ruton FL 3348
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Joe Collard eg
Name
Name 3040 JASM, NE TEN Florida street address (P.O. Box NOT acceptable) DELRAY Beach FL 33483 City, State, and Zip Having been named as registered agent and to accept service of process for the above stated limited by
Florida street address (P.O. Box NOT acceptable)
DELRAY Beach 33483
City, State, and Zip
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 fin familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Registered Agent's Signature
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.)

Typed or printed name of signee

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)