

Division of Corporations

Page 1 of 2

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Florida Department of State
Division of Corporations
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MJH

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : GEOFFREY M. WAYNE, P.A.
Account Number : 076770003401
Phone : (305) 381-8108
Fax Number : (305) 381-8109

STATE OF FLORIDA

02 SEP 11 PM 4:47

1. ☐ **Yes**

2. ☐ **No**

3. ☐ **Not sure**

4. ☐ **Other**

RECEIVED
02 SEP 11 AM 8:03
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

MEDIA WORX ENTERTAINMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MEDIA WORX ENTERTAINMENT, LLC

ARTICLE II - Address:

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

1201 Brickell Avenue, Suite 220, Miami, Florida, 33131-3207

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

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

GEOFFREY M. WAYNE, P.A.
Name

1201 Brickell Avenue, Suite 220
Florida street address (P.O. Box **NOT** acceptable)

Miami, Florida 33131-3207
City, State, and Zip

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Geoffrey M. Wayne
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)

Geoffrey M. Wayne
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.)

GEOFFREY M. WAYNE
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)