**CSE** 

## 20000023967

ACCOUNT NO. : 072100000032	0, 30 A
REFERENCE: 737825 7349934	
AUTHORIZATION: Toticia fout	14/15 6 X
COST LIMIT : \$ 125.00	THE SEPTIMENT OF THE SE
ORDER DATE: September 10, 2002	COPPE,
ORDER TIME : 9:56 AM	
ORDER NO. : 737825-001	-
CUSTOMER NO: 7349934	100007774642——1
CUSTOMER: Mr. Ricardo Rodriguez Jr. Mr. Ricardo Rodriguez Jr.	
3684 Sw 59 Th Ave	
Davie, FL 33314	
DOMESTIC FILING	
NAME: ADULT ANGLE LLC	REC 02 SEP DIVISION O
EFFECTIVE DATE:	01 CC
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION	RECEIVED  02 SEP 16 MIII: 57  DIVISION OF CONFORMITION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	NO 7
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Norma Parramore - EXT. 1147 EXAMINER'S INITIAL	S:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
ADULT ANGLE LLC
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company is:
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company is:  P.O. Box 24242, Fort Lauderdale, FL 33307  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  The name and the Florida street address of the registered agent are:
Acquisitered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Corporation Service Company
Name
1201 Hays Street
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.  Corporation Service Company  By:   Deborah D. Skipper Registered Agent's Signature Asst. V. Pres.
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.)
Deborah D. Skipper

Filing Fees:

Typed or printed name of signee

\$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)

## MANAGING MEMBERS OF: ADULT ANGLE LLC

Ricardo Rodriguez P.O. Box 24242 Fort Lauderdale, FL 33307

Robert Nice P.O. Box 24242 Fort Lauderdale, FL 33307

Jeff Granitz P.O. Box 24242 Fort Lauderdale, FL 33307



## LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of ADULT ANGLE LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. Af parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this

day of

nature

Print Name of Signer

WITNESS:

Signature

Print Name of Witness

WITNESS: