

**L02000031019**  
Division of Corporations

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001902335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**  
**EMAGE GLOBAL EVENTS, L.L.C.**

Name Availability	
Document Examiner	DCC
Updater	DCC
Updater Verifier	DCC
Knowledge	DCC
P. Verifier	DCC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **Emage Global Events, L.L.C.**

**ARTICLE II: Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: **407 Lincoln Road, #500, Miami Beach, FL. 33139**

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

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

Spencer Lobban

Name

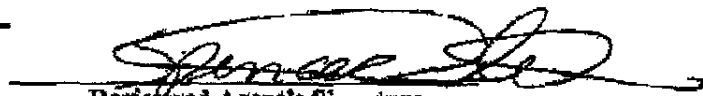
407 Lincoln Rd, #500

Florida street address (PO Box NOT acceptable)

Miami Beach, FL. 33139

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 606, F.S.

  
Registered Agent's Signature

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STATE  
TALLAHASSEE, FLORIDA

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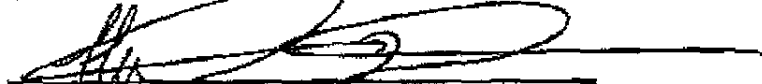
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**ARTICLE IV – Management (Check box if applicable.)**

   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 605.460(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

HOFIT GOLAN  
Typed or printed name of signer

SECTION 115 STATE  
TALLAHASSEE, FLORIDA

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