

L03000023820

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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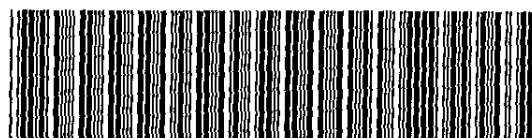
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Notary Acknowledgment

DCC

W. P. Verifier

DCC



500020970665

06/25/03--01075--014 **130.00

FILED
03 JUN 25 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tropic European Productions L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Miroslaw Plisner
(Name of Person)

Tropic European Productions
(Firm/Company)

3904 Hunters Isle
(Address)

Orlando, Fl 32837
(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Oscar E. Piedad at (407) 929-6828
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Tropic European Productions L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

3904 Hunters Isle
Orlando, FL 32837

Mailing Address:

same

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

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

Oscar E. Piedad

Name

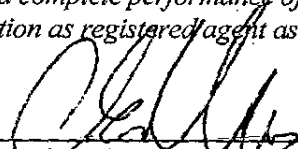
14306 Tamborine Dr.

Florida street address (P.O. Box **NOT** acceptable)

Orlando, FL 32837

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..


Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Miroslaw Plisner

3904 Hunters Isle

Orlando, FL 32837

Louis Acosta

~~Oscar E. Piedad M.D.~~

~~Orlando, FL 32837~~

~~8113 Chelworth Dr.~~ (error)

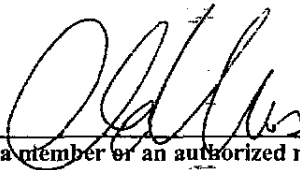
Orlando, FL 32835

~~Not a member~~

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

Oscar E. Piedad M.D.

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JUN 25 AM 8:00

FILED

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) ✓