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00789-02595-00671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status 1

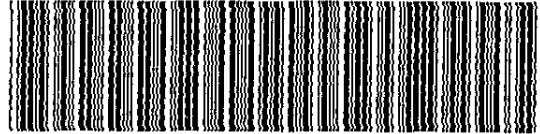
Special Instructions to Filing Officer:

10/14 FL LC

CC & CVS

Office Use Only

Barry Moschop GAVE
AUTHORIZATION BY PHONE TO
CORRECT Suffix X LC
DATE 10/25
DOC. EXAM m/8/04



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10/16/03--01057--010 **160.00

FILED
03 OCT -6 AM 9:38
TALLAHASSEE FLORIDA

Division of Corporations
Post Office Box 6327
Tallahassee, FL 3314

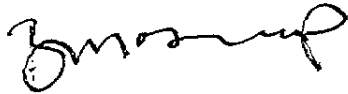
Barry Moscrop
6971 SW. 56 Street
Miami, FL 33155

305-665-8426

Dear Sir's

Please find enclosed the articles of organization and a check for \$160.00 to cover costs for Filling Fee, Designation of Registered Agent, Certified Copy and Certificate of Status.

Sincerely

A handwritten signature in cursive script, appearing to read "B. Moscrop".

Barry Moscrop

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LION HEART EDITIONS, LC
(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:

BARRY MOSCROP
(Name of Person)

LION HEART EDITIONS
(Firm/Company)

6971 SW 56 STREET
(Address)

MIAMI FL 33155
(City/State and Zip Code)

For further information concerning this matter, please call:

BARRY MOSCROP at (305) 665-8426
(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: LION HEART EDITIONS, LLC

ARTICLE II - Address:

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

Principal Office Address:

6971 SW 56 STREET
MIAMI
FL 33155

Mailing Address:

6971 SW 56 STREET
MIAMI
FL 33155

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

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

BARRY MOSCROP
Name
6971 SW 56 STREET
Florida street address (P.O. Box NOT acceptable)
MIAMI FL 33155
City, State, and Zip

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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.

Bmoscrop.
Registered Agent's Signature

(CONTINUED)

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:

MANAGER

BARRY MOSCROP
6971 SW 56 STREET
MIAMI FL 33155

MANAGING MEMBER

CAROL A. MOSCROP
6971 SW 56 STREET
MIAMI FL 33155

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Carol A. Moscrop

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.)

CAROL A. MOSCROP

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)