

02/10/2004 11:17

NO PDIRECT 2050 13

NO.699 001

L0400001106B

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000029467 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

10001.23399

LIMITED LIABILITY COMPANY

BRILLANTE ENTERTAINMENT, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing

Public Access Help

04 FEB 10 7:16:11
RECEIVED
DIVISION OF CORPORATIONS
AND
FILED

04 FEB 10 PM 3:51
RECEIVED
DIVISION OF CORPORATIONS

27/04

H04000029467

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

BRILLANTE ENTERTAINMENT, LLC**ARTICLE II - Address:**

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

Principal Office Address:2000 PONCE DE LEON BLVD., SUITE 501CORAL GABLES, FL 33134**Mailing Address:**2000 PONCE DE LEON BLVD. SUITE 501CORAL GABLES, FL 33134**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

ALAN SOKOL

Name

2000 PONCE DE LEON BLVD., SUITE 501Florida street address (P.O. Box NOT acceptable)CORAL GABLESFLORIDA 33134

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, Florida Statutes..



Registered Agent's Signature

H04000029467

H04000029467

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:MGRMALAN SOKOL2000 PONCE DE LEON BLVD., SUITE 501CORAL GABLES, FL 33134MGRMCARLOS VASALLO2000 PONCE DE LEON BLVD., SUITE 501CORAL GABLES, FL 33134MGRMMIQUEL ROSENFELD2000 PONCE DE LEON BLVD., SUITE 501CORAL GABLES, FL 33134

(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.)

Alan Sokol
Typed or printed name of signer**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)

H04000029467

04 FEB 10 5 11 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED