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	☐ PICK-UP	WAIT	☐ MAIL		
(Business Entity Name)					
(Document Number)					
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LET. DIVISILA VA GEST-ORATIONS TALLAMASSES, FLORIDA

SECRETARY OF STATE OF

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Movie matic 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:			
Christine Boules (Name of Person)			
Mariematic LLC (Firm/Company)	_		
9158 Harrougal ct	- 6	21 / 15 38	
Talkhassee FL 32312 (City/State and Zip Code)	04 MAR 23	CRETARY	
For further information concerning this matter, please call:			
(Name of Person) at (X50) AX X HHH (Name of Person) (Area Code & Daytime Telephone Number)	_	3 50 .	

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:						
Moviematic LLC						
ARTICLE II - Address: The mailing address and street address of the princip	eal office of the Limited Liability Company is:					
Principal Office Address:	Mailing Address:					
9158 McDougal ct	9158 McDaugal ct					
Tallahassee F1 38318	Tallahosse Fi 39312					
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Christiae Boules Name 9158 10 00000 100000 100000 100000 1000000						
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..

Registere di Agent's Signature

Page 1 of 2 (CONTINUED) ARTICLE IV- Manager(s) or Managing Member(s):

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

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

REQUIRED SIGNATURE:

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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

Typed or printed name of signee

that the facts stated herein are true.)