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(Re	equestor's Name)	
(Ac	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	-
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DIVISION OF CORPORATIONS

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TRANSMITTAL LETTER

Registration Section Division of Corporations The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: (City/State and Zip Code) For further information concerning this matter, please call: (Name of Person) (Area Code & Daytime Telephone Number) STREET ADDRESS: **MAILING ADDRESS:**

Registration Section Division of Corporations 409 E. Gaines Street

Tallahassee, Florida 32399

TO:

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Registration Section

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - No The name of the I	i me: Limited Liability Company is: MPherSON Studio	LLC
ARTICLE II - A The mailing addre	ddress: ess and street address of the principal office of the	ne Limited Liability Company is:
Principal Office 7400 Na Mi AMi	Address: Mailing DRH OAKIMM+ DRIVE	Address: 139 Christophe New York New Y 10014 # ZW
	Registered Agent, Registered Office, & Regist Florida street address of the registered agent are	
	Donald Molly Son Name 7400 North Offensor Florida street address (P.O. Box NOT acceptable M. A.M. FLORIDA City, State, and Zip	OLAUG-5 PH 1150 233015
company at the place designagree to act in this capacity and complete performance	istered agent and to accept service of process for i mated in this certificate, I hereby accept the appo I further agree to comply with the provisions of a of my duties, and I am familiar with and accept to ered agent as proyided for in Chapter 608, Florid	intment as registered agent and all statutes relating to the proper he obligations of my position as

Page 1 of 2 (CONTINUED)

Registered Agent's Signature

The name and address of each Manager of	or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Donald McPhersoy 7400 North Caknout Drive Miami, FC: 33015
 	
(Use attachment if necessary)	
NOTE: An additional article must be a	added if an effective date is requested.
REQUIRED SIGNATURE:	
1/m/d/	M Proper 11 / A STEEL
Signature of a member or an au	thorized representative of a member.
of this document constitutes an affi that the facts stated herein are true	Phey801 = ==================================
Typed or prin	ted name of signee

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

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)