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Florida Department of State

Division of Corporations Public Access System

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Tor Division of Corporations Fax Number : (850)205-0383 From: Account Name : HUBCO Account Number : 104652003400 Phone : (516)935~3940 04 OCT 15 PM 3: 06 : (516)935-3088 Fax Number

LIMITED LIABILITY COMPANY

Crystal Coast Productions LLC

Certificate of Status	1
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Page Count	₩23
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ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Limited Liability Company is: Crystal Coast Productions LLC ARTICLE II - Address The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address:

4501 North Ocean Boulevard TH1 4501 North Ocean		4501 North Ocean Bouleva	Roulevard TH1		
Boca Raton, FL 33431		Roca Ratou, FL 33431			
					
ARTICLE III - Registered A The name and Florida street address	-	e & Registered Agent's S	IASS Signafure	100 NOT	5
	David Poces Jr.		25	S	~~
		Name	<u> </u>	D	1 × 1
	4501 North Ocea	n Boulevard TH1	52	***	***************************************
	(P.O. Box or M	ail Drop Box <u>NOT</u> Acceptable)			
	Boca Raton, FL	334 31			

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.

(City / State / Zip)

Registered Agent's Signature - David Poces Jr.

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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"=Managir	Name and Address: g Member
MGRM	David Poces Jr 4501 North Ocean Boulevard TH1, Boca Raton, FL 3343
MGRM	Benjamin Baron-7450 San Clemente Place, Boca Raton, FL 33433
(Use attachment if no	Occupant)
(Ose attachment if he	ccssaly)
REQUIRED SIGN	ATURE:
	Signature of a member or 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.)
	Stated herein are true.
	David Poces Jr.
	Typed or printed name of signee