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SECRETARY OF STATE ALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: UFOMOVIE PARTNERS, LLC (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:	
Rich Christiano (Name of Person)	
Christiano Film Group Inc. (Firm/Company)	•
2913 EL Camino Real PMB 309	
Tustin, CA 92782 (City/State and Zip Code)	
For further information concerning this matter, please call:	
KAREN NORMAND at (713) 896-1953	

STREET ADDRESS:

(Name of Person)

TO:

Registration Section

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS
Registration Section HET Division of Corporation P.O. Box 6327
Tallahassee, Floridation P.O. Box 6327
Tallahassee, Floridation P.O. Box 6327

(Area Code & Daytime Telephone Number)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
UFOMOVIE PARTNE	RS, LLC
ARTICLE II - Address: The mailing address and street address of the principal	al office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4609 Independence DR.	Christiano Film Grou
Bradenton, FL 34210	PO BOX 11474
	Bradenton, FL 34282
Rich Christia Name  4609 Independ  Florida street address (P.O. Box	ence Dr. NOT acceptable)
Braden ton, I	FLORIDA 34210
laving been named as registered agent and to accept service of ompany at the place designated in this certificate, I hereby accepted to act in this capacity. I further agree to comply with the pund complete performance of my duties, and I am familiar with registered agent as provided for in Chapte	cept the appointment as redistared agent and proper or ovisions of all statutes relating to the proper and accept the obligations of my position as

Page 1 of 2 (CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR & MGRM	Rich Christiano 4609 Independence D Bradenton, FL 34210
(Use attachment if necessary)	
	st be added if an effective date is requested.
REOUIRED SIGNATURE: /	
REQUIRED SIGNATURE:  Signature of a member of	r an authorized representative of a member 3
	n 608.408(3), Florida Statutes, the execution

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

\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)