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(Re	equestor's Name)	
(Ad	ldress)	
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V		
(Cit	y/State/Zip/Phon	e #)
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PICK-UP	MAIT WAIT	MAIL
(Ви	siness Entity Nar	me)
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(Do	cument Number)	
Certified Coples	Certificates	s of Status
Special Instructions to	Filing Officer:	
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LOS-18785

TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: CINEMAGIC IMAGING LLC
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$100.00 Filing fee for Articles of Organization \$25.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$5 if a certificate of status is needed. The fee for a certified copy is \$30. Please send one check for the total amount made payable to the Florida Department of State.

FROM:	SEAN MARTUCCE	,		
	Name (Printed or typed)		2005 FEB SECRET	المنتاب المناسبة الم
_	2 ROUL WILLIAMS BURG ST.			2.3
	Address		21 SSE	3
-	SPRASOTA, FLORIDA 34231		PA PA PA PA PA	
	City, State & Zip		1: 35 ORIDA	
_	941-923-7332	 -	Dm G	و المسا
	Daytime Telephone number			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name		
	nited Liability Company is:	
C,	INEMAGIC INACING, LLC	
ARTICLE II - Add The mailing address 2804 W	ress: and street address of the principal office of the Limited Liability Co UZLIANS BURG ST. SARASOTA, FLORIDA	mpany is: るみとえる/
ARTICLE III - Reg	gistered Agent, Registered Office, & Registered Agent's Signatu	re:
The name and the Fl	orida street address of the registered agent are:	
	JEAN MARTICE	
	Name	•
	2804 WILLIAMS BURG ST.	
	Florida street address (P.O. Box NOT acceptable)	
	SARASOTA FL. 34231	
	City, State, and Zip	
liability company at registered agent and statutes relating to t	as registered agent and to accept service of process for the above stathe place designated in this certificate, I hereby accept the appointment agree to act in this capacity. I further agree to comply with the provide proper and complete performance of my duties, and I am familiar as of my position as registered agent as provided for in Chapter 608,	ent as visions of all with and
	Registered Agent's Signature	
The Limited Li	gement (Check box if applicable.) iability Company is to be managed by one manager or more manage anager - managed company.	
(Aı	n additional article must be added if an effective date is requested)	Zina SE
	Sem Muney	
	Signature of a member or an authorized representative of a member.	005 FEB 21 SECRETAR'S
	(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.)	PM 1: 35 Y OF STATE SEE, FLORID
à.	SEAN MARILLE	DE 35
	Typed or printed name of signee	

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)