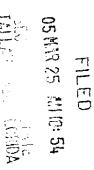
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL.
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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T. Brumbley MAR 29 7004



## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Agnus mages 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:
JUAN A. GONZAINZ (Name of Person)
(Firm/Company)
7575 NW 50th street
(Address)
Miami, FL 33166  (City/State and Zip Code)
(City/State and Zip Code)
Miami FL 33166  Miami FL 33166  (City/State and Zip Code)  For further information concerning this matter, please call:
(Name of Person) at (BOV) 591-9073 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\mathbb{T}\$\$ \$130.00 Filing Fee \$\mathbb{C}\$\$ Certificate of Status \$\mathbb{C}\$\$ (additional copy is enclosed) \$\mathbb{T}\$\$ \$160.00 Filing Fee, \$\mathbb{C}\$\$ Certificate of Status \$\mathbb{C}\$\$ Certified Copy (additional copy is enclosed)
STREET ADDRESS:  Registration Section  Division of Corporations  MAILING ADDRESS:  Registration Section  Division of Corporations

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 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:	
Agnus Images LLC	
ARTICLE II - Address: The mailing address and street address of the princi	pal office of the Limited Liability Company is:
Principal Office Address:	ailing Address:
7575 Northwest 50th st Miami, FL 33166	7575 Northwest 50th st. Migmi, FL 33166
η	lered agent are:  ALOZ  27H ST  (P.O. Box NOT acceptable)  33166
	•

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..

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested

REQUIRED SIGNATURE:

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 that the facts stated herein are true.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)