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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

LIMITED LIABILITY COMPANY

point of view productions, llc

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**ARTICLES OF ORGANIZATION
OF**

A Florida Limited Liability Company

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I-NAME

The name of the Limited Liability Company is:

POINT OF VIEW PRODUCTIONS, LLC

ARTICLE II-ADDRESS:

The mailing address and street address of the principle office of the Limited Liability company is:

PRINCIPAL OFFICE ADDRESS:

1627 S.W 37TH AVE APT #607
MIAMI FLA 33145

MAILING ADDRESS:

1627 S.W 37TH AVE APT #607
MIAMI FLA 33145

ARTICLE III- REGISTERED AGENT, REGISTERED OFFICE, REGISTERED AGENT'S SIGNATURE:

The name and the Florida street address of the registered agent are:

EMILIO ALCALDE
(NAME)

1627 S.W 37TH AVE APT #607
FLORIDA STREET ADDRESS(P.O BOX NOT ACCEPTABLE)

MIAMI FLA 33145
CITY, STATE, AND ZIP

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS 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 SIGNATURE

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ARTICLE IV-MANAGEMENT/MEMBER(S):

The name(s) and address(es) of each Manager or Managing Member is as follows:

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Title:

Name and address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR= Manager

MGRM= Managing Member

MGR= EMILIO ALCALDE

1627 S.W 37TH AVE APT 607 MIAMI FL 33145

MGR=MARIA J ACERO

1627 S.W 37TH AVE APT 607 MIAMI FL 33145

(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 602.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

EMILIO ALCALDE

Typed or printed name of signer

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