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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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SECRETARY OF STATE ALLAHASSEE, FI ORID!

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ACCOUNT NO.: 072100000032

REFERENCE: 527127 148904A

AUTHORIZATION :

COST LIMIT : \$ 160.00

ORDER DATE: August 5, 2005

ORDER TIME: 3:45 PM

ORDER NO. : 527127-005

CUSTOMER NO: 148904A

CUSTOMER: Mr Mark Tannen

Tannen Reeber & Associates,

Inc.

2776 University Drive

Coral Springs, FL 33065-5100

DOMESTIC FILING

NAME: SCARLITO ENTERTAINMENT LLC

EFFECTIVE DATE:

\_\_\_\_ARTICLES OF INCORPORATION \_\_\_\_CERTIFICATE OF LIMITED PARTNERSHIP

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT\_PERSON: Jeanine Reynolds - EXT. 2933

EXAMINER'S INITIALS:

OF THE STATE OF THE PARTY OF TH

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIARILITY COMPANY

ARTICLES OF ORGA FOR FLORIDA LIMITED LIAB	750 Mg 1
ARTICLE I - Name: The name of the Limited Liability Company is:	
Scarlito Entertainment LL	c North
ARTICLE II - Address: The mailing address and street address of the principal	
Principal Office Address:	Mailing Address:
3673 NW 124th Avenue	3673 NW 124th Avenue
Coral Springs, FL 33065	Coral Springs, FL 33065
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the register	e, & Registered Agent's Signature: red agent are:
Edwin Perez	
Name	
6562 W. Sample Roa	ad
Florida street address (P.O. Box N	(OT acceptable)

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 geree to comply with the provisions of all statutes relating to the proper and complete performance of my dufies, and am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes...

City, State, and Zip

Coral Springs

FLORIDA

Page 1 of 2 (CONTINUED)

Title:	Name and Address:
"MGR" = Mar	ager
	anaging Member
MGRM	Edwin Perez
	6562 W. Sample Road
	Coral Springs, FL 33067
MGRM	Octavio Rivera
	920 Avenue St. John's Street, Apt.3
	Bronx, NY 10455
<u> </u>	
(Use attachmer	t if necessary)
•	
NOTE: An ac	ditional article must be added if an effective date is requested.
REQUIRED S	IGNATURE:
26	nature of a member or an authorized representative of a member.
	<b>\</b>
(I)	accordance with section 608.408(3), Florida Statutes, the execution his document constitutes an affirmation under the penalties of perjury
	t the facts stated herein are true.)
B	
2	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)