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Florida Department of State
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EFFECTIVE DATE

9-15**To:**

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

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

LIMITED LIABILITY COMPANY**LADYLUCK PRODUCTIONS, LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
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TALLAHASSEE FLORIDA
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**Electronic Articles of Organization
For
Florida Limited Liability Company**

Article I

The Name of the Limited Liability Company is:

LADYLUCK PRODUCTIONS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

100 LINCOLN RD. SUITE #1144
MIAMI BEACH FL 33139

The mailing address of the Limited Liability Company is:

100 LINCOLN RD. SUITE #1144
MIAMI BEACH FL 33139

Article III

The Purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFULL BUSINESS.

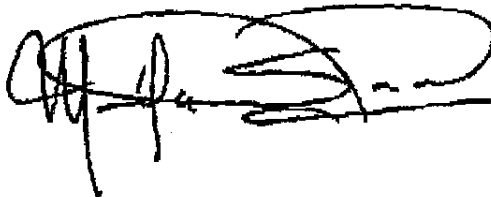
Article IV

The Name and Florida street address of the registered agent is:

MARIELA SOSA
1348 WASHINGTON AVE #130
MIAMI BEACH FL 33139

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 a registered agent.

Registered Agent Signature:



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TALLAHASSEE FLORIDA

Article V

The name and address of managing members/managers are:

Title: MGR

MARIELA SOSA, MANAGING MEMBER

1348 WASHINGTON AVE #130 MIAMI BEACH FL 33139

JEFF DAVIS, MANAGING MEMBER

345 OCEAN DRIVE #825 MIAMI BEACH FL 33139

VICTOR BURGOS, MANAGING MEMBER

345 OCEAN DRIVE #825 MIAMI BEACH FL 33139

JENNY SUAREZ, MANAGING MEMBER

1348 WASHINGTON AVE #130 MIAMI BEACH FL 33139


Article VI

The effective date for this Limited Liability Company shall be:

09/15/05

Signature of member or an authorized representative of a member

Signature:



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SECRETARY OF STATE
TALLAHASSEE FLORIDA