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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**PROPP LUBELL & LAPIDUS, LLP**

TIMES SQUARE PLAZA  
1500 BROADWAY, 21<sup>ST</sup> FLOOR  
NEW YORK, NEW YORK 10036

DAVID G. LUBELL

OF COUNSEL  
EMAIL: DLUBELL@PROPLUBELL.COM

TEL (212) 986-7714  
FAX (212) 687-0056  
WWW.PROPLUBELL.COM

OF COUNSEL  
THEODORE PROPP

November 17, 2005

*Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, Fl 32314*

Re: **Articles of Organization**  
**WOLF GANG CINEMA, LLC**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Dear Sir or Madam:

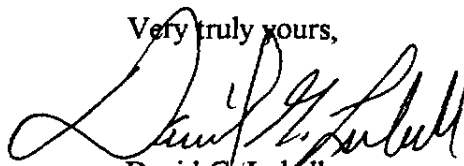
Enclosed for filing are the Articles of Organization for *Wolf Gang Cinema, LLC*. The Articles are signed and affirmed by me as the sole organizer of the company. Kindly file the Articles and return it, as filed, by Federal Express. You are authorized to use my firm's Federal Express Account Number 2606-1364-2 to return the document by standard overnight delivery.

Please send me a certified copy of this document, as filed.

Also enclosed is one check from our firm, payable to the *Department of State of the State of Florida*, in the amount of \$155, which represents the filing fees (\$125) and the cost of the certified copy of Record (\$30).

Thank you very much for your prompt attention to this request. If there are any problems or questions, please call me immediately at the telephone number listed above.

Very truly yours,

  
David G. Lubell

*Enclosures*

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Wolf Gang Cinema, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

219 East Enid Drive  
Key Biscayne, Fl 33149

Same

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature**  
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Arturo Muyshondt  
Name

219 East Enid Drive  
Florida street address (P.O. Box **NOT** acceptable)

Key Biscayne FL 33149  
City, State, and Zip

OFFICE OF STATE  
FINANCIAL SERVICES  
FLORIDA

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*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..*

 11/15  
Registered Agent's Signature (REQUIRED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Arturo Muyshondt

219 East Enid Drive

Key Biscayne, Fl 33149

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

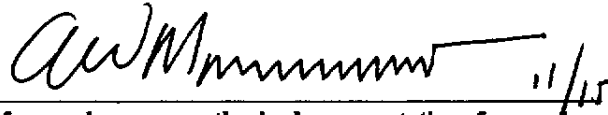
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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TALLAHASSEE FLORIDA

**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.)

Arturo Muyshondt

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)