Florida Department of State Division of Corporations

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Division of Corporations

Fax Number

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone

: (305)634-3694

Fax Number

: (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

blacknweitz, llc

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Miami

| BlacknWeitz, LLC | | | |
|---|--|------|-----------------|
| (Must ord with the words "Limited Liability Company | , "Limited Company" or their abbreviation "LLC," or "L.C.,") | | |
| ARTICLE U - Address: | | | |
| The mailing address and street address of | f the principal office of the Limited Liability Comp | ·登i | a Z∑a |
| Principal Office Address: | Mailing Address: | MAR | 물深 |
| 433 N. Camden Drive, Suite 1070 | 433 N. Camden Drive, Suite 1070 | 2 | 유A |
| Beverly Hills, CA 90210 | Beverly Hills, CA 90210 | 7- | ÖY Roo |
| | | 9: | ORA ORA |
| | istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or mother | : 57 | OF CORPORATIONS |
| The name and the Florida street address of | of the registered agent are: | | |
| Leonardo DaVinci | Starke, Esq. | | |
| | Name | • | |

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.

Florida street address (P.O. Box <u>NOT</u> acceptable)

FL 33133

3340 McDonald Street, Courtyard Suite

City, State, and Zip

(CONTINUED)

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

| Title: | Name and Address: | | |
|--|--|--|--|
| "MGR" = Manager "MGRM" = Managing Member | | | |
| MGRM | Stanley Black | | |
| | 433 N. Camden Dr., Suite 1070 Beverly Hills, CA 90210 | | |
| MGR | Joyce Black | | |
| | 433 N. Camden Dr., Suite 1070 | | |
| | Beverly Hills, CA 90Z10 | | |
| MGR | Doris Weitz 2 2 | | |
| | 433 N. Camden Dr., Suite 1070 | | |
| | Beverly Hills, CA 90210 | | |
| | OF ARE | | |
| | O'T | | |
| • | THE STATE OF THE S | | |
| • | STATE ORATIO | | |
| (Use attachment if necessary) | 5 de la constant de l | | |
| ARTICLE V: Effective date, if other than the date of filing: | | | |
| 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.) | | | |
| Sandra Reed | | | |
| Typed or printed name of signee | | | |
| Filing Free: | | | |

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