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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : GERALD WEINBERG, P.C.  
Account Number : I20030000043  
Phone : (800) 342-9856  
Fax Number : (800) 354-3381

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**ROXY HUNTER, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ROY HUNTER, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

1158 26<sup>th</sup> STREET #506  
SANTA MONICA, CA 90404

SAME

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

WILLIAM O'DOWD  
C/O DOLPHIN<sup>NAME</sup> ENTERTAINMENT  
2801 PONCE DE LEON BLVD #270  
Florida street address (P.O. Box NOT acceptable)  
CORAL GABLES FL 33134  
City, State, and Zip

*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.*

William O'Dowd  
Registered Agent's Signature

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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:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Barry Tropp  
1158 26th Street #106  
Santa Monica, CA 90404

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

Barry Tropp

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.)

Barry Tropp

Typed or printed name of signer

(H06000170023 3)

Rory Hunter

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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