# Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : DAVID J. WIKNER, P.A.

Account Number : I20040000023 : (561)989-2911 Phone

: (561)994-5808 Fax Number

DIVISION OF CORPORA

### Stiller Entertainment Investments LLC

| Certificate of Status | 0         |
|-----------------------|-----------|
| Certified Copy        | 0         |
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## TRANSMITTAL LETTER

|                  | stration Section Division of orations              |  |   |  |       |
|------------------|--|--|---|--|-------|
| SUBJECT:         | Stiller Entertainment Investments                  | LLC  |   |  |       |
|                  |  | of Limited Liability Company                                   | )   |  | •     |
| The enclosed     | Articles of Organization and Facts are su          | bmitted for filing. Please return a                            | II correspondence concerni  | ing this   |       |
| matter to the fe | ollowing.  |  |   |  |       |
|                  | _  |  |   |  |       |
|                  |  | nne M. Sarkisian   | <u>——</u>   |  |       |
|                  | (1)  | lame of Person)  |   |  |       |
|                  | Dav  | id J. Wiener, P.A.   |   |  |       |
|                  | (1   | 'irm/Company)  | <del></del>   | Em 0   |       |
|                  | 17(V) North  | n Military Trail, 4 <sup>th</sup> Floor                        | Ē   | SECRETARY  |       |
|                  | 3207 14010   | (Address)  |   | 回り   |       |
|                  |  | (7 1011) 21117   | Ć.  | 語 1  | 7     |
|                  |  | Raton, FL 33431  |   | ·  | FILED |
|                  | (City/   | State and Zip Code)  | 77  | 유 🟦  | 6     |
|                  |  |  | 9   | STA.   |       |
| for further in   | formation concerning this matter, plea             | se call:   | Ď   | <del>=====================================</del> |       |
| loan             | ne M. Sarkisian                                    | at ( 561 ) 9   | 89-2911   | 7  |       |
|                  | IIC M. Galkisiali                                  | at ( <u>561 ) 9</u>  | 09-2911   |  |       |
| Enclosed is a    | check for the following amount:                    |  |   | •  |       |
| ⊠ \$125 Fili     | ng Fee \$130,00 Filing Fee & Certificate of Status | S155 Filing Fee & Certified Copy (additional copy is enclosed) | \$160 Filing Fee.<br>Certificate of Status<br>& Certified Copy<br>(additional copy is enclose | ed)  |       |
|                  | etbeut anndree.                                    | MAII INC AMDUS   |   |  |       |

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Registration Section Division of Corporations PO Box 6327 Tallahassee, Florida 32314

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Stiller Entertainmen   | Investments LLC   |            |
|--|---|------------|
| ARTICLE II - Address: The mailing address and street address   | of the principal office of the Limited Liability Company is:  |            |
| Principal Office Address:<br>3200 North Military Trail   | Mailing Address: 3200 North Military Trail  |            |
| 4 <sup>th</sup> Floor  |   |            |
| Boca Raton, FL 33431   | Boca Raton, FL 33431  |            |
| Having been named as registed<br>liability company at the plac<br>registered agent and agree to a<br>statutes relating to the proper | David J. Wiener  Name  3200 North Military Trail, 4th Floor da street address (P.O. Box NOT acceptable)  Boca Ration, Florida 33431  City, State, and Zip  red agent and to accept service of process for the above stated limited accept designated in this certificate, I hereby accept the appointment as act in this capacity. I further agree to comply with the provisions of all and complete performance of my duties, and I am familiar with and a position as registered agent as provided for in Chapter 608, F.S.  Regulard Agent's Signature | FILEDFILED |

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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  | Duane J. Stiller  3200 North Military Trail, 4 <sup>th</sup> Floor  Boca Raton, FI.33431 | OG NOV -6 AM 8: 1<br>SECRETARY OF STATI<br>FALLAHASSEE, FLORID |

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statues, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Duane J. Stiller
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)