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SECRETARY OF STATE
TALL AHASSEF, FLORIDA

C. Market

101-30389 3-19-07

## COVER LETTER

TO:	Registration Section Division of Corporations
SUBJEC	CT: A L G ENTER TANMENT (Name of Limited Liability Company)
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	ANGEZA MORA
	(Name of Person)
	(Firm/Company)
	1000 WEST AU Brite 321
	1000 WEST AU Bute 321  (Address)  (Address)  (City/State and Zip Code)  (City/State and Zip Code)
For furth	rn-
ANC	DELA MORA 11 786, 306 875 ZEE =
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclose	d is a check for the following amount:
\$125.0	On Filing Fee \$\begin{array}{c} \$130.00 \text{ Filing Fee & Certificate of Status} \\ \end{array} \$155.00 \text{ Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \end{array} \$\begin{array}{c} \$160.00 \text{ Filing Fee.} \\ \end{array} \$\end{array} \$array
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICLE I - Nam</b>	ie:			
The name of the Lir	mited Liability Company is:			
Α ~	G ENTERTA	INMENT (	LC	
(Must end with the words	"Limited Liability Company, "Limite			
ARTICLE II - Add	Amongo.			
	s and street address of the pr	incinal office of the I	imited Liability Cor	nnany is:
, , , , , , , , , , , , , , , , , , ,	F-			
Principal Office Ac	<u>ddress:</u>	<b>Mailing Address:</b>		
1000 WEST	Av Suite 321 H,FL 33139	SAME		
MIAMI BEAC	H, FL 33139			
				•
The name and the F	Identical registration.)  Identical astreet address of the residual street address of the res	BAH  ', M * B  Iress (P.O. Box NOT acce  FL 33/39  and Zip	TATE ORIDA	2007 HAR 20 PM 1: 22
liability compan registered agent an statutes relating to	d as registered agent and to dry at the place designated in the dagree to act in this capacity of the proper and complete perations of my position as regis	his certificate, I hereby v. I further agree to co rformance of my dutie	v accept the appointm omply with the provis s, and I am familiar v	nent as ions of all with and

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

3-19-607

<u>Title:</u> "MGR" = Manag "MGRM" = Mar		lress;	
MGR	ANGELA	MORA	
		Av Snita 321	
	MIAMI SEAC	H,FL 33139	
MGR		JORGE	
		AV SKITE 321	
	MIRML ISE	MCH, FL 33139	
······································			
		**************************************	
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•	•,	19. N. 7. (ORTIONA	
	date, if other than the date of filing: 3- ted, the date must be specific and cannot ate of filing.)		
LE V: Effective fective date is lis days after the d	date, if other than the date of filing: 3- ted, the date must be specific and cannot ate of filing.)	t be more than five business day	
LE V: Effective fective date is lis days after the d	date, if other than the date of filing: 3- ted, the date must be specific and cannot ate of filing.)  GNATURE:	resentative of a member.	ys p
LE V: Effective fective date is lis days after the d	date, if other than the date of filing: 3- ted, the date must be specific and cannot ate of filing.)  GNATURE:  Signature of a member or an authorized rep  (In accordance with section 608.408(3), Florida of this document constitutes an affirmation und that the facts stated herein are true.)  MORA AN GELA	resentative of a member.	ys p
LE V: Effective fective date is lis days after the d	date, if other than the date of filing: 3- ted, the date must be specific and cannot ate of filing.)  GNATURE:  Signature of a member or an authorized rep  (In accordance with section 608.408(3), Florida of this document constitutes an affirmation und that the facts stated herein are true.)	resentative of a member.	

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

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)