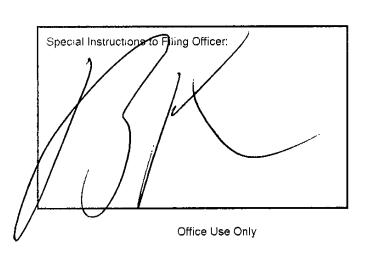
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PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
	,
Certified Copies	Certificates of Status





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SECRETARY OF STATE

ALLAHASSEE, FLORIB

## LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

CR2E031(7/97)

EFFECTIVE DATE 7/27/07

Examiner's Initials

MIAMI, FL 33165 (305) 552-5973				
			Office Use Only	
CORPOR	RATION NAME(S) & DOCU	MENT NUMBER(S), (i	if known):	
1. CO	VCISE AUDIO	0 666	Office Use Only Property of the Control of the Cont	
	(Corporation Name)	(Document #)	70, 2°	
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	(Corporation Name)	(Document #)		
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NEW F	ILINGS	<u>AMENDMENTS</u>		
Lim	for Profit lited Liability nestication	Amendment Resignation of F Change of Regis Dissolution/Wit Merger		
<b>OTHER</b>	RFILINGS	REGISTRATION/O	<u>QUALIFICATION</u>	
	nual Report itious Name	Foreign Limited Partners Reinstatement Trademark Other	ship	



EFFECTIVE DATE 7 27 07

## ARTICLE I - Name: The name of the Limited Liability Company is: COCISE Andio, LLC (Must and with the words "Limited Liability Company, "Limited Company" or their abbreviation "L.C." 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: Sac 543 122 The Avenue Sacret.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Limiting 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:

Mame

Sec Sur 122 md Amenue

Florida street address (P.O. Box NOT acceptable)

Minn:
FL 33183

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.

Regimental Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>l'ide:</u> 'MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MER	ALDRICK DIAZ
·	5800 SW 122 nd Alvent Miami, Fl. 33193
MERM	NORTON Rodeiguez
	Migm F1 33111
MGRM	Joseph M. Elias
	3301 Sw 914h Aven
	man, F1 33165
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Use attachment if necessary)	,
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IE V: Effective date, if other than the	he date of filing: 1210- (OPTION
days after the date of filing.)	be specific and cannot be more than five business da

piember or an authorized representative of a member.

(In special with section 608.408(3), Florida Statutes, the execution of the document constitutes an affirmation under the populates of perjury that the facts stated herein are true.)

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)