

LD7000112754

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000272647 3)))



H070002726473ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

LS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

MZ PRODUCTIONS, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED
07 NOV -7 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2007 NOV -7 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

FROM: LAZARUS
350 817-6381

FAX NO. : 3052201440
11/7/2007 9:09 PAGE 001/001

Nov. 07 2007 11:01AM P2
Florida Dept of State



November 7, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: MZ PRODUCTIONS, LLC
REF: H07000054920

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Please provide the NAME of the manager listed on the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

FAX Aud. #: H07000272647
Letter Number: 707A00064791

FILED

2007 NOV -7 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H 07 000 272647

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

M7 PRODUCTIONS, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:4967 SW 75 AVE
MIAMI FL 33155Mailing Address:4967 SW 75 AVE
MIAMI FL 33155

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

(The Limited Liability 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:

JOACIM MASUDAL

Name

4967 SW 75 AVEFlorida street address (P.O. Box **NOT** acceptable)MIAMI FL 33155

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.

/s/ J Masudal

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H 07 000 272647

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 NOV -7 AM 9:44

FILED

H 07 000 272647

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:MANAGER4967 SW 75 AVE
MIAMI FL 33155
JOACIM MASUIDAL___

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/05/07 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Joacim Masuidal
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.)

JOACIM MASUIDAL
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)

H 07 000 272647

FILED
2007 NOV -7 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA