

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone: (305)634-3694 Fax Number: (305)633-9696 07 NOV 13 PH 2: 58

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

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SECHETARY OF STATE
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MOVIE PLUS LLC

Certificate of Status	1
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ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST MOVIE	The name of the limited liability company is: PLUS LLC - DOCUMENT # L07000113654
SECO	ND: The articles of organization or the application to transact business
(CH	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
<u>.</u>	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: ARTICLE I - COMPANY NAME - Should be changed to MOVIES PLUS LLC
	ARTICLE III - ADDRESS OF REGISTERED AGENT - Should be changed to 2600 S.W. 3rd Avenue
	Suite 801, Miami, Florida 33129
	ARTICLE IV - MANAGERS OR MANAGING MEMBERS - Roxene Rotundo should be changed to MGRM
	OR STATE
	——·
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
Dated:	November 13, 2007
	Simulation of the state of the
	Signature of a member or authorized representative of a member
	MIGUEL J. ROSENFELD Typed or printed name of signee
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)
CR2E062	(08/05) HO7000278281

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: MOVIE PLUS LLC					
Principal Office Address:	Malling Address;				
2600 SW 3RD AVENUE SUITE 801	2600 SW 3RD AVENUE SUITE BOX	- 2			
MIAMI, FLORIDA \$3129	MIAMI, FLOREDA 33129	OJ NOV			
ARTICLE III - Registered Ag	ent, Registered Office, & Registered Agent's Signatur				
he name and the Florida street	address of the registered agent are:	ي ف			
	MIGUEL IL ROSENFELD	=			
	Name	တဲ့			
60,0 67,7 7	see ponce de leon alvo.	. 23			
	Florida street abdress (P.O. Box NOT acceptable)				
	MIANI, FLORIDA 33134				
	City, State, and Zip				

Having been named as regimered 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 chities, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registored A sont's Signature

(CONTINUED)

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<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mont	Name and Address:
MGRM	Miguel J. Rosenfeld 2600 SW 3RD Avenue, Suite Bot Miami, Florida 33129
Percent	ROXANA ROTUNDO 8877 COLLINS AVENUE, API, 508 MIAMI SEACH, FLORIDA 33154
·	
Use sitselment if necessary)	
EQUIRED SIGNATURE:	o must be added if an effective date is requested.
(In accordance of this documen	with section 606.408(3), Figures stative of a member, with section 606.408(3), Figures Statutes, the economics at constitutes an affirmation under the possibles of perjury atomic herein are true.) MIGUEL J. ROSENFELD
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