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

From:
Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

L. SELLERS

JAN 8 2008

EXAMINER

RECEIVED
08 JAN -7 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ARCOIRISDVD MULTIMEDIA, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	04
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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

ARCOIRISDVD MULTIMEDIA, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

ARCOIRISDVD MULTIMEDIA, LLC.

ARTICLE II - ADDRESS

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

8764 SW 12TH ST APT # 101
MIAMI, FL. 33174

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

The name and the Florida street address of the registered agent are:

IRAIDA GONZALEZ

8764 SW 12TH ST APT # 101

Florida street address (P.O.BOX **NOT** acceptable)

MIAMI, FL. 33174

City, State, and Zip

CLARA GIRALDO P.A.
4080 SW 84 AVE SUITE C
MIAMI, FL 33155
(305) 485-9300

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H08 00000 30553.

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..

REGISTERED AGENT'S SIGNATURE

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

IRAIDA GONZALEZ **MANAGER**
8764 SW 12TH ST APT # 101
MIAMI, FL. 33174

FRANK ESTEVANELL **MANAGER**
8764 SW 12TH ST APT # 101
MIAMI, FL. 33174

(An additional article must be added if an effective date is requested)

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.)

IRAIDA GONZALEZ
Typed or printed name of signee

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