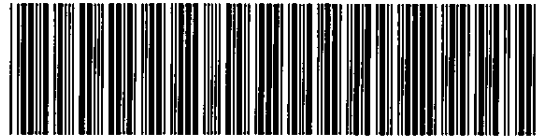


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02/01/08--01012--002 **155.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

EFFECTIVE DATE 2/3/08

B. KOHR

FEB 1 2008

EXAMINER

RECEIVED
08 FEB - 1 AM 10:56
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
STATE

FILED
08 FEB - 1 PM 1:58
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Charter Number Only

13108

JONATHAN LEON
Requestor's Name

12251 SW 82nd Ave.
Address

MIAMI, FL 33156
City State ZIP Phone

(305) 6666601

CORPORATION(S) NAME

SABREFANG Productions, LLC

PLEASE NOTE EFFECTIVE
DATE MUST BE 2/3/08

VALIDATION ONLY

EFFECTIVE DATE 2/3/08

FILED
08 FEB - 1 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Empire Toll Free: 1-800-432-3028

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy of articles
- Call When Ready
- Walk-In
- Amendment
- Dissolution
- Annual Report
- Reservation
- Photo Copies
- Call If Problem
- Merger
- Mark
- Other LLC
- Change of Registered Agent
- Certificate Under Seal
- After 4:30
- Mail Out
- Pick-Up

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

EFFECTIVE DATE 2/3/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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08 FEB - 1 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sabrefang 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:

Mailing Address:

12251 SW 82nd Ave.
Miami, FL 33156

12251 SW 82nd Ave.
Miami, FL 33156

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:

Jonathan Leon

Name

12251 SW 82nd Ave.

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

Miami FL 33156

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

MGR

Jonathan Leon

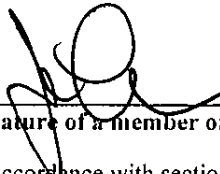
12251 SW 82nd Ave.

Miami, FL 33156

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 02/03/08. (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:



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.)

Jonathan Leon

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)