Florida Department of State

Division of Corporations
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To:

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

From:

Account Name : CSH SERVICES, LLC
Account Number : 120070000160
Phone : (800)494-3124
Fax Number : (561)455-9885

FLORIDA/FOREIGN LIMITED LIABILITY CO.

BCA Theatricals LLC

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

BCA Theatricals LLC

ARTICLE II ADDRESS

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

1704 Pine Avenue

DeLand, Florida 32724

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE
REGISTERED AGENT SIGNATURE

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

Bartlett C. Jones 1704 Pine Avenue

DeLand, Florida 32724

Having been named as registered agent to accept service of process for the above stated limited ilability 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..

tlett C. Jones / Registered/Agent's signature

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BCA Theatricals LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

Managing Member
Bartlett C. Jones
1704 Pine Avenue
DeLand, Florida 32724

Managing Member
Carolyn M. Jones
1704 Pine Avenue
DeLand, Florida 32724

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SECRETARY OF STATE
TALL AHASSEE FLORIDA

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.

Bartlett C. Jones