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Division of Corporations

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Samari Entertainment, LLC

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**ARTICLES OF ORGANIZATION
OF
Samari Entertainment, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: Samari Entertainment, LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:
5500 Military Trail #22-224, Jupiter, Florida 33458.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Robert Workens, 5500 Military Trail #22-224, Jupiter, Florida 33458. Located in the County of Palm Beach.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2048.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Robert Workens, 5500 Military Trail #22-224, Jupiter, Florida 33458



Date: February 7, 2008

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717

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**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **Samarl Entertainment, LLC**

The name and address of the registered agent and office is Robert Workens, 5500 Military Trail #22-224, Jupiter, Florida 33458. Located in the County of Palm Beach.

Having been named as registered agent and to accept service of process for the above stated 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 obligations of my position as registered agent.

Signature:


Robert Workens

Date: 2.11.08

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