

L080000022677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

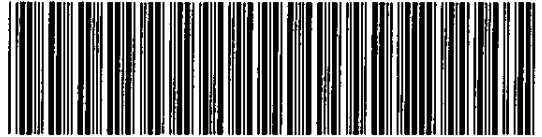
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR - 3 PM 4: 06

J. BRYAN

MAR - 4 2008

EXAMINER

ROSEN FEIG GOLLAND & LUNN LLP
ATTORNEYS AT LAW

February 28, 2008

VIA FED EX

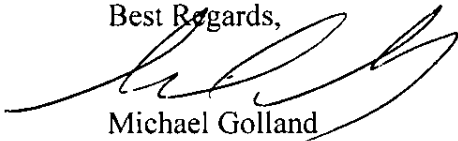
Registration Section
Division of Corporations
P.O. Box 632
Tallahassee, FL 32314

Re: Formation of TREE OF LIFE ENTERTAINMENT, LLC

Dear Sir or Madam:

Enclosed please find one (1) copy of the executed Articles of Organization for the above-referenced entity as well as a check in the amount of \$160. Please file the Articles of Organization effective immediately and provide us with a Certified Copy of the filed Articles as well as a Certification of Status.

Best Regards,



Michael Golland

Encl(s).

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TREE OF LIFE ENTERTAINMENT, 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:

2800 ISLAND BOULEVARD

SUITE 1205

AVENTURA, FL 33160

Mailing Address:

2800 ISLAND BOULEVARD

SUITE 1205

AVENTURA, FL 33160

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:

ILAN LEWINGER

Name

2800 ISLAND BOULEVARD, STE. 1205

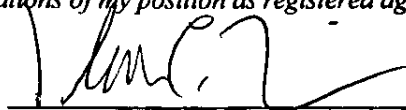
Florida street address (P.O. Box **NOT** acceptable)

AVENTURA, FL 33160

City, State, and Zip

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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)

Page 1 of 2

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:

MGRM

ILAN LEWINGER

2800 ISLAND BOULEVARD, STE. 1205

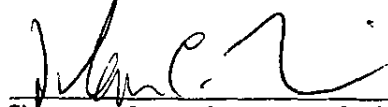
AVENTURA, FL 33160

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

ILAN LEWINGER

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)

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