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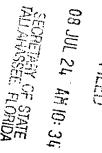
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M. THOMAS

JUL 2 5 2008

EXAMINER

COVER LETTER

TO:	Registration Sectorial Division of Corporate C							
SURI	Andrew All	lagree Productions,	LLC					
0010	SUBJECT: (Name of Limited Liability Company)							
The er	nclosed Articles of O	rganization and fee(s) are	submitted for filing	g.				
Please	return all correspond	dence concerning this matt	ter to the following	; :				
	Andrew Allagre	е						
			(Name of Person)		· · · · · ·			
	Andrew Allagre	e Productions, LLC						
			(Firm/Company)					
	20801 Biscayn	e Boulevard, Suite 4	103					
			(Address)					
	Miami, FL 3318	30						
		(Cit	y/State and Zip Code	;)				
For fu	rther information cor	ncerning this matter, please	e call:				09 JL	
Juan	J. Escalante		305	778-9187		1988 H	11. 24	
	(Name of	Person)		e & Daytime Tele	ephone Number)	77 C		
Enclo	sed is a check for t	he following amount:				STATE	09 JUL 24 AH 10: 34	
 \$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	St 55.00 Filin Certified Co (additional copy	ру	\$160.00 Filing Certificate of S Certified Copy (additional copy i	Fee, Status &		
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address ion Section of Corporations building ecutive Center Cosee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Andrew Allagree 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:

Andrew Allagree Productions, LLC 20801 Biscayne Boulevard, Ste. 403 Miami, FL 33180

Andrew Allagree Productions, LLC_20801 Biscayne Boulevard, Ste. 403 Miami, FL 33180

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:

Juan J. Escalante

Name

1035 NE 122nd Street

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

North Miami, FL 33161

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)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
CEO	Andrew Allagree
	1035 NE 122nd Street
	North Miami, FL 33161
VP	Juan J. Escalante
	1035 NE 122nd Street
	North Miami, FL 33161
<u></u>	
(III	

(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

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

ignature of a member of 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.)

Juan J. Escalante

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)