FROM : LAZARUS JIT WITH OF CONPOSITION LOSS DOOD SHOW OF CONPOSITION Florida Department of State	i9AM P1 /scripts/atilcovr exe
Division of Corporations Public Access System	
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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)220-1440	SEP -4 AH 8: 1
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N. Gentera SEP - 5 2008

FAX NO. :3052201440

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Hability Company,

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

S.SW

6325 CORAL WAY- m.om.: FI 37155:	
M.OM: FI 37155:	

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.)

business entity with an active Florida registration.)	AS	80	
The name and the Florida street address of the registered agent are:	L CA	SE	in the
The M. Point Productions LLC	HATA	-0	COLORED .
Name	ARY O ASSEE	÷-	1 U 775-74-76
6325 CORAL Way	no T	AH	100
Florida street address (P.O. Box NOT acceptable)	L ST	ů.	
Miranii H FL 33155	B	L1	
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 pefformance 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

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FROM

FAX NO. : 3052201440

Name and Address:

MINAN FI

6325 CORAL

HMERICAN 10350 a

2319

FL

The M Point Productions LLC

<u>GN</u>

33176

way

FRANHING ALLYANCE CORP.

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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 "MGRM" = Managing Member

MGRM

"MGRM"

*

(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.)

REOUTRED SIGNATURE:			
Signature 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 penaltics of perjury that the facts stated herein are true.) DORSE de MOUNC Typed or printed name of signes Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	SECRETARY OF STATE TALLAHASSEE FLORIDA	08 SEP -4 AH 8: 17	
Page 2 of 2			

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