

## Florida Department of State

Division of Corporations
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### FLORIDA/FOREIGN LIMITED LIABILITY CO.

#### kaminarimon productions, llc

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September 15, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE

SUBJECT: KAMINARIMON PRODUCTIONS, LLC

REF: W08000041916

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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ALLAHASSEE FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

## H0800 F2110 F10

# ARTICLES OF KAMINARIMON PRODUCTIONS, LLC. SEP 15 AM 8: 24

The undersigned, for the purpose of forming an LLC under the laws of the State Control of STATE the following Articles.

ARTICLE | (Name) -

The name of the LLC. is

KAMINARIMON PRODUCTIONS, LLC.

ARTICLE II: (Address) -

The mailing address and the street address of the principal office of the limited liability company is:

Principal Office Address:

Mailing Address:

11 Island Ave., Suite 2010, Mjami Beach, FL 33139

11 Island Ave., Suite 2010, Miami Beach, FL 33139

ARTICLE III: (Registered Agent, Registered Office & Registered Agent's Signature) -

The Name and the Florida Street Address of the LLC's registered agent are:

Fredrick Kaufman, 11 Island Avenue, Suite 2010, Miami Beach, FL, 33139.

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:

Fredrick Karefuse

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

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

<u>Title:</u>

Name and Address:

MGRM

FREDRICK KAUFMAN, 11 Island Ave., Suite 2010, Miami Beach, FL 33139

**MGRM** 

FLORENCE KAUFMAN, 11 Island Ave., Suite 2010, Miami Beach, FL 33139

**MGRM** 

ERICA KAUFMAN, 332 Fairmont Ave., State College, PA. 16801

MGRM

KAREN S. FULLER, 10821 SW 125th Street, Miami, FL 33176

**MGRM** 

SAMUEL WEISS. 130 SW Third Ave., Dania Beach, FL 33004

ARTICLE V: Effective date, if other than the date of filing:

REQUIRED SIGNATURE:

X Medical Falance

(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.)

Fredrick Kaufman
Typed or printed name of signee

PREPARED BY: Sheila K. Weiss, (FL BAR NUMBER: 315125), 130 SW Third Ave., Dania Beach, FL 33004; PHONE: (954) 925-0077 FAX: (954) 921-8739

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