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DIVISION OF CORPORATIONS

J. BRYAN

SEP 2 2 2008

EXAMINER

COVER LETTER

TO:

Registration Section

Divisi	ion of Corporations				
SUBJECT: _	OriginaL (Nam	Structune ne of Limited Liability Com	Enter	tainmen+	(110)
The enclosed A	Articles of Organization and	fee(s) are submitted for fili	ng.		
Please return al	II correspondence concerni	ng this matter to the following	ıg:		
	Ebwin	RAZ (Name of Person)			
		(Name of Person)			_
	. 6	C ★ ↑ (Firm/Company)	TOURS	<u></u>	_ 2
		(Firm/Company)			S S S S S S S S S S S S S S S S S S S
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		(Address)			19 6
 	Miami P	City/State and Zip Coo	331 de)	39	NOS SEP 19 AM 10: 44
For further info	ormation concerning this ma	atter, please call:			SH(
_ Fo	(Name of Person)	at (30 S (Area Co	_) <u>C1OS</u> _ de & Daytime Telepi	2055	
Enclosed is a	check for the following a	mount:			
□\$125.00 Filin	ig Fee \$130.00 Filin Certificate of	Status Certified Co	opy py is enclosed)	5160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	
	Mailing Address Registration See Division of Cor P.O. Box 6327 Tallahassee, FL	tion Registra porations Division Clifton 1 32314 2661 Ex	Courier Address tion Section of Corporations Building ' secutive Center Circ see, FL 32301	cie	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name:

The name of the Limited Liability Company is:

Original Structure Entertainment .LLC."

(Must end with the words "Limited Liability Company, "L.L.C." or "LLC.")

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

1661	JAMES	A	V€	ا حا حا ۱	5 p. r	n es	AVE
	BEACH			miami			

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:

Eowig	y Anto	nio	PAZ	
	Name			
اططا	JAMES	3vA		
•	Florida street add	lress (P.O.	Box NOT accep	otable)
MiAMi	BEACH City, State, a	, FI.	33130	1
	City, State, a	nhd 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)

(CONTINUED)
Page 1 of 2

<u>litle:</u> MGR" = Manager	Name and Address:
MGRM" = Managing Member	EDWIN Antonio PAZ =
MGR	612 ISTH ST MIAMI BEACH IFL 33139
MGRM	ABRAHAM RANGEL 612 ISTH ST MIAMI BEACH IFL 33139
marn_	TAMARINDO LOSTA RICA 512 ISTH ST MIAMI BEACH IFL
Use attachment if necessary)	
EV: Effective date, if other than the	he date of filing: 09 18 08 . (OPTIONAL) be specific and cannot be more than five business days prior

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.)

PAZ

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)