

LO80000110660<sup>p.1</sup>

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000264870 3)))



H080002648703ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : CSH SERVICES, LLC  
Account Number : T20C70000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

L. SELLERS

DEC - 2 2008

EXAMINER

FLORIDA/FOREIGN LIMITED LIABILITY CO.

OPTICAL VIDEO TECHNOLOGIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED

08 DEC -1 PM 1:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 DEC -1 AM 8:29

FILED

74-08000264870-3

**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

OPTICAL VIDEO TECHNOLOGIES, LLC

**ARTICLE II ADDRESS**

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

161 CRANDON BLVD #121  
KEY BISCAYNE, FLORIDA 33149

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

JOCELYN TORRES  
161 CRANDON BLVD #121  
KEY BISCAYNE, FLORIDA 33149

Having been named as registered agent 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.

X *Jocelyn Torres*  
JOCELYN TORRES / Registered Agent's signature

74-08000264870-3

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 DEC -1 AM 8:29

FILED

7-08000264870-3

PAGE 2 OPTICAL VIDEO TECHNOLOGIES, LLC

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**


MANAGING MEMBER

REINALDO TORRES

C. LA LOMA, LOMAS DEL CLUB HÍPICO, QTA. MANDALAY  
CARACAS, VENEZUELA 1080

.....

X

  
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.

REINALDO TORRES

7-08000264870

FILED  
08 DEC 29 AM 8:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA