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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Pava Nella Productions LLC	
(Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Joseph Spinella (Name of Person) Pava Nella Productions	
(Name of Person)	
(Firm/Company)	
1155 Tahiti Parkway	
Sarasota FL 34236	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Joseph Spinella at 941 587-2192 50 5 (Area Code & Daytime Telephone Number)	
(Name of Person) (Area Code & Daytime Telephone Number)	ř
Enclosed is a check for the following amount: \$\begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
\$125.00 Filing Fee \$\Bigs\\$130.00 Filing Fee & \$\Bigs\\$	
Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address Street/Courier Address	
Registration Section Registration Section Division of Corporations Division of Corporations	

Registration Section Division of Corporations P.O. Box 6327 Talłahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Pava Nella Producti				
(Must end with the words "Limited Liabil	ity 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:			
Pava Nella Productions	Dava Nella Productions			
Sarasota FL 34236	1155 Tahiti Parkway Sarasota FL 34236			
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 r	egistered agent are:			
Joseph Spine	registered agent are:			
Name				
1155 Tahiti Pa	rkway			
Florida street add	Iress (P.O. Box NOT acceptable)			
Florida street add	FL 34236			
City, State, a	ınd 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

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	Name and Address:	
MGRM	Joseph Spinella 1155 Tahiti Parkway Sarasota Fl 34236	
	SECTION -9 AN	

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.)

REQUIRED SIGNATURE:

(Use attachment if necessary)

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.)

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)