

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634~3694 : (305)633-9696 Fax Number

FLORIDA/FOREIGN LIMITED LIABILITY CO.

archangel films, llc

Certificate of Status	م او ما الهوسطان دول الروي و المستعدد و المورد. []
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EMPIRE CORP KIT

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited	Liability Company. "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Liability Company is:
Principal Office Address;	Mailing Address:
9800 NW 41 STREET BUITE 270	SAME
MIAMI, FLORIDA 33178	
	tored Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its own	Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its own- business ontity with an active Florida registration.)	Registered Agent. You must designate an individual or another the registered agent are:
(The Limited Liability Company cannot serve as its own business ontity with an active Florida registration.) The name and the Florida street address of EMERY B. SHEE	Registered Agent. You must designate an individual or another the registered agent are:
(The Limited Liability Company cannot serve as its own business ontity with an active Florida registration.) The name and the Florida street address of EMERY B. SHEE	Registered Agent. You must designate an individual or another the registered agent are:
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of EMERY B. SHEE 2525 PONCE DE	Registered Agent. You must designate an individual or another the registered agent are: R Name

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)

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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 Me	Name and Address:
MGRM	DANY GARCIA 9800 NW 41 STREET, STE 270 MIAMI, FLORIDA 33178
(Use attachment if necessal ARTICLE V: Effective date, if oth (If an effective date is listed, the date of filing to or 90 days after the date of filing	ace than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days prior
REQUIRED SIGNATUR	ue:
(In scoord	of a member or an entiretized representative of a member. ance with section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjuty

Filing Pres:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)
EMERY B. SHEER

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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Typed or printed name of signee

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