

L10000063349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100181851561

06/14/10--01043--005 **155.00

FILED
10 JUN 14 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FL 32399

J. BRYAN

JUN 15 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BIGBANG MIAMI ENTERTAINMENT
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:

CARLOS E. OJEDA

Name of Person

BIGBANG MIAMI ENTERTAINMENT

Firm/Company

7900 HARBOR ISLAND DRIVE SUIT #820

Address

MIAMI, FL 33141

City/State and Zip Code

CHARLIE@BIGBANGMIAMI.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL J ROSARIO

Name of Person

at (786) 317-6143

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
JUN 14 PM 3:15
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BIGBANG MIAMI ENTERTAINMENT LLC.

(Must end with the words "Limited Liability 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:

7900 HARBOR ISLAND DRIVE
SUIT #820
MIAMI, FL 33141

Mailing Address:

7900 HARBOR ISLAND DRIVE
SUITE #820
MIAMI, FL. 33141

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:

CARLOS E. OJEDA

Name

7900 HARBOR ISLAND DRIVE #820

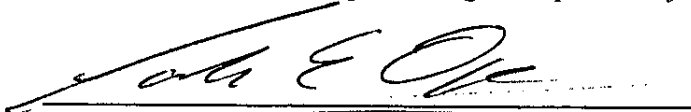
Florida street address (P.O. Box **NOT** acceptable)

MIAMI

FL 33141

City, State, and 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)

FILED
JUN 14 PM 3:15
CLERK OF DISTRICT COURT
MIAMI, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

CARLOS E. OJEDA

7900 HARBOR ISLAND DRIVE #820

MIAMI FL 33141

MGRM

DANIEL J ROSARIO

5230 NW 109TH AVENUE APT. 1

DORAL FL 33178

MGRM

JEAN CARLOS ROSARIO

5230 NW 109TH AVENUE APT. 1

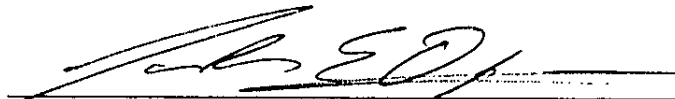
DORAL FL 33178

(Use attachment if necessary)

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:



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.)

CARLOS E. OJEDA

Typed or printed name of signer

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)

FILED
10 JUN 14 PM 3:15
CLERK OF STATE
TALLAHASSEE, FL 32399