Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : CSH SERVICES, LLC

Account Number : 120070000160 Phone : (800)494-3124

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CCELTARY OF STATE
LAHASSEE. FLORIDA

FLORIDA LIMITED LIABILITY CO. AMPAFIRE PRODUCTIONZ LLC

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C. LEWIS

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EXAMINER

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608 and/or 621,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

AMPAFIRE PRODUCTIONZ LLC



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

1145 NW 17TH AVE FT LAUDERDALE, FLORIDA 33311

ARTICLE III REGISTERED AGENT. REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

JAMIE FULTON 1145 NW 17TH AVE FT LAUDERDALE, FLORIDA 33311

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.

IAMIE FULTON / Registered Agent's signature

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AMPAFIRE PRODUCTIONZ 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

JAMIE FULTON

1145 NW 17TH AVE

FT LAUDERDALE, FLORIDA 33311

TILED IN SECRETARISHED

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,

JAMJE FULTON