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.

(((H1100000063 3)))



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

: ARAZOZA, COMAS, DE TORRES & FERNANDEZ-F

Account Number : 076624003440 Phone

; (305)444-6226

Fax Number

: (305)442-4829

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:						



FLORIDA LIMITED LIABILITY CO. STUDIO LEVY LLC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

H11000000063 3

ARTICLES OF ORGANIZATION

<u>OF</u>

STUDIO LEVY LLC.

The undersigned members to these Articles of Organization hereby associate themselves together to form a Limited Liability Company under the laws of the State of Florida.

ARTICLE I

The name of this Limited Liability Company is: STUDIO LEVY LLC.

ARTICLE II GENERAL NATURE OF BUSINESS

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III TERM OF EXISTENCE

This Limited Liability Company is to exist perpetually. The Limited Liability Company's business will continue without regard to the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE IV

The principal office and mailing address of this Limited Liability Company in the State of Florida is 3500 MYSTIC POINTE DR., APT. 206, AVENTURA, FL 33180. The Board of managers may from time to time move the principal office to another address in Florida.

ARTICLE V REGISTERED OFFICE, REGISTERED AGENT

That STUDIO LEVY LLC, desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the County of Miami Dade, State of Florida, hereby designates HARRIS C. LEVY, as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 3500 MYSTIC POINTE DR., APT. 206, AVENTURA, FL 33180.

H11000000063 3

ARTICLE VI MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company. The initial Managers shall be:

HARRIS C. LEVY of 3500 MYSTIC POINTE DR., APT. 206, AVENTURA, FL 33180

CLARA LEVY of 3500 MYSTIC POINTE DR., APT. 206, AVENTURA, FL 33180

WITNESS the hand and seal of the Manager in Miami-Dade County, State of Florida, this 17 D day of December, 2010.

H11000000063 3

H11000000063 3

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

in compliance with Section 48.091, Florida statutes, the following is submitted:

FIRST: That STUDIO LEVY LLC, desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Broward, State of Florida, has named HARRIS C. LEVY, as its Agent, of 3500 MYSTIC POINTE DR., APT. 206, AVENTURA, FL 33180, to accept service of process within Florida.

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

The Registered Agent:

2010

December 1子*

H11000000063 3