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| (Reque | estor's Name) | |
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| (Addre | ss) | |
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| (City/S | tate/Zip/Phone # | ¥) |
| PICK-UP | WAIT | MAIL |
| (Busine | ess Entity Name | e) |
| (Docur | nent Number) | |
| Certified Copies | Certificates o | of Status |
| Special Instructions to Filin | ng Officer: | |
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11 MAR 18 PM 1: 20
SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

MAR 21 2011

EXAMINER

COVER LETTER

| TO: | Registration of | on Section f Corporations | , | | |
|----------|-----------------|---|--|---|---|
| SUBJI | FCT• | Will Do Pro | ductions L | LC | |
| 5020 | EC1 | Name of Limited | Liability Company | / | 一 |
| The en | closed Article | es of Organization and fee(s) are sub | omitted for filing. | | MAR 18 PH 1:20 |
| Please | return all cor | respondence concerning this matter t | to the following: | | E.E. OF |
| | | | ot R. Zafra | <u>l</u> | STATE STATE |
| | | Nut | /liLa Inc. | | |
| | | | rm/Company | - | |
| | , | EG LUI | arant Drive | | |
| | | 30 1111 | crest Drive | | • |
| | | | | | |
| | | | , NJ 07066 | | |
| | | · | tate and Zip Code | | |
| - | | E-mail address: (to be used for f | @numila.net | notification) |) |
| For fur | ther informat | ion concerning this matter, please ca | 11: | | |
| | Marg | jot R. Zafra | 732 | 763 | -1950 |
| | Na | me of Person | · \ | Daytime Te | elephone Number |
| Enclos | sed is a checl | k for the following amount: | | | |
| \$125.00 | Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing I Certified Copy (additional copy is | | \$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/Cour Registration Division of Clifton Build 2661 Execut Tallahassee, | Section Corporation ding tive Center | ons Circle |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Compan | oductions LLC Liability Company, "L.L.C.," or "LLC.") |
|--|---|
| Will Do Pro | oductions LLC |
| (Must end with the words "Limited | Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | 92 20 |
| | he principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 5460 SW 69th Place | 5460 SW 69th Place |
| Miami, FL 33155 | Miami, FL 33155 |
| | |
| The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of the serve as the serve as the serve as the serve as its own business and the serve as its own business entity with an active Florida street address of the serve as its own business and the serve as its own business entity with an active Florida street address of the serve as its own business entity with an active Florida street address of the serve as its own business entity with an active Florida street address of the serve as its own business entity with an active Florida street address of the serve as its own business entity with an active Florida street address of the serve as its own business entity with an active Florida street address of the serve as its own business entity with an active Florida street address of the serve as its own business entity and the serve as its own business entities and the serve as its own busin | rered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another Effective Date 03/15/11 the registered agent are: o Madera |
| N | lame |
| 5460 SW | / 69th Place |
| Florida stree | et address (P.O. Box <u>NOT</u> acceptable) |
| Miami | _{FL} 33155 |
| Cit | y, State, and Zip |
| liability company at the place designated registered agent and agree to act in this cap | d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and |

(CONTINUED)

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

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

| MGRM | Wilberto Madera 5460 SW 69th Place |
|-------------------------------|--|
| | Miami, FL 3155 STATE TO RESTAND TO REST |
| | LORATE LORATE |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary |) |
| | r than the date of filing: 03/15/2011 (OPTIONA |
| | e must be specific and cannot be more than five business days |
| days after the date of filing | |

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Margot R. Zafra

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)