Division of Corporations
Electronic Filing Cover Sheet

Florida Department of State

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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ACCOUNT Name : LAZARUS CORPORATE FILING SERVICE, INC.

\$130.00

Account Number: 120000000019

Phone: (305)552-5973

Fax Number: (305)220-1440

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

Email Address:

THAR31 AMID: 20 SECRETARY OF STATE ALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO. MUTUAL ENTERTAINMENT RS, LLC

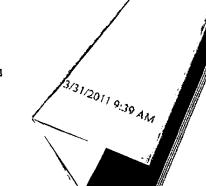
Certificate of Status 1
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Page Count 03

Estimated Charge

Electronic Filing Menu

Corporate Filing Menu



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MUTUAL	ENTERTAINMENT	R5,	440			
(Must end with the words "Limited Liability Company, "L.L.C." or "L.L.C.")						

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

	st flager St. Same	
SOI OTGA	MIAMI FL 33174	
(The Limited Liability	 Registered Agent, Registered Office, & Registered Agent's Sign ty Company cannot serve as its own Registered Agent. You must designate an individual or n an active Florida registration.) 	nature:
•	he Florida street address of the registered agent are:	
· ·		意義工
	Ricando Soto	3 1
	Name	17 3 7 7
	8826 West Flagler ST. APTO 102	The second
	Florida street address (P.O. Box NOT acceptable)	9.5
	MiAui FL, 33174	10 m
	City Store and Zin	\mathcal{V}

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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H11000084889

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member MGR	Title:	Name and Address:	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	"MGR" = Manager		
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL effective date is listed, the date must be specific and cannot be more than five business days days after the date of filing.) REQUIRED SIGNATURE: (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 proxided for in s.817.155, F.S.) A i CANDO 5070	"MGRM" = Managing Member	00	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL effective date is listed, the date must be specific and cannot be more than five business days days after the date of filing.) REOURED SIGNATURE: (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.) Picard Soft	Mar	Ricando Soto	
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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. 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.) Picardo Solve To	effective date is listed, the date mus to days after the date of filing.)	t be specific and cannot be more than five business days	
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A Sport of printing finance of signed	FICHTER	Turnel or mindred name of classes	

\$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)

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