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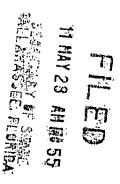
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D. BRUCE

MAY 24 2011

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations SUBJECT: Tru Rasta Entertainment /LC 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: Dimitri Lilavois Name of Person Tru Rasta Entertainment Firm/Company 9351 E Elm Ln Address Miramar, FL 33025 City/State and Zip Code dimitri.lilavois@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **Dimitri Lilavois** 4 624-2064 SArea Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

Tru Rasta Entertainment, LLC	nited Liability Company, "L.L.C.," or "LLC.")
	med Elability Company, E.E.C., of EEC.)
ARTICLE II - Address:	of the mineral office of the Livia d Li 1714 O
	of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
9351 E Elm Ln	9351 E Elm Ln
Miramar, FL	Miramar, FL
33025 ARTICLE III - Registered Agent, Re	33025 gistered Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are:
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ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address <u>Dimitri Lilavois</u> 9351 E Elm Ln	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are:
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address <u>Dimitri Lilavois</u> 9351 E Elm Ln	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are:

Registered Agent's Signature (REQUIRED)

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..

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Mark " Kiko Tru Rasta" Viard
	804 S 17th ave, apt. B
	Hollywood, FL 33020
MGRM	Dimitri Lilavois
	9351 E Elm Ln
	Miramar, FL 33025
MGR	Narcisse Fievre
THE STATE OF THE S	160 St Saëns West - Laval, Quebec
	Canada, H7H 1J2
MGR	Guy-Marcel Lilavois 9351 E Elm Ln
	Miramar, FL 33025
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than	n the date of filing:
(If an effective date is listed, the date mu	sst be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	
	Ω_{α} .
_	111-011
Signature of a me	ember of an authorized representative of a member.
•	n 608 408(3), Florida Statutes, the execution of this document
constitutes an affirmation	under the penalties of periury that the facts stated herein are true and
I am aware that any false i	information submitted in a document to the Department of State
constitutes a third degree i	felony as provided for in s.817.155, F.S.)
Varci	ne MEYRE
•	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)