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SECRETARY OF STATE
FALL ANASSEE, FLORID

J. BRYAN

JUN 21 2011

EXAMINER

COVER LETTER

| PO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: DreamHouse Entertainment TV Media LLC | |
| (Name of Resulting Florida Limited Co | mpany) |
| The enclosed Certificate of Conversion, Articles of Organization, a "Other Business Entity" into a "Florida Limited Liability Company | |
| Please return all correspondence concerning this matter to: | |
| Joseph A. Porrello, Esq, | |
| (Contact Person) | |
| Joseph A. Porrello, P.A. | |
| (Firm/Company) | 1910 -A |
| PO Box 450249 | |
| (Address) | ART UN |
| Miami, Florida 33245 | F JUN 20 PM 2: 30 ECRETARY OF STATE LLAHASSEE, FLORIT |
| (City, State and Zip Code) | F R |
| akochen@latelenovela.com | FLCS 2: |
| E-mail address: (to be used for future annual report notifications) | OFFICE STATE |
| For further information concerning this matter, please call: | · · · · · · · · · · · · · · · · · · · |
| Joseph A. Porrello at (305) 374 | -0092 |
| (Name of Contact Person) (Area Code and Day | time Telephone Number) |
| Enclosed is a check for the following amount: | |
| \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fees and Certificate of Status \$180.00 Filing Fees and Certified Copy Status | \$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| STREET ADDRESS: Registration Section (1990) | ection rporations 7 |

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Certificate of Conversion For "Other Business Entity"

Into

Florida Limited Liability Company

This Certificate of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

| 1. The name of the "Other Business Entity" immediately prior to the filing of this Certific Conversion is: | cate of |
|---|-------------------------|
| DreamHouse Entertainment TV Media Inc | |
| (Enter Name of Other Business Entity) | 38 ± |
| 2. The "Other Business Entity" is a Corporation | 是当 |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) | JUN 20 PH |
| first organized, formed or incorporated under the laws of Florida | |
| (Enter state, or if a non-U.S. entity, the name of the country) | PH 2: 30 SEE, FLORIE |
| on <u>June 13, 2006</u> | |
| (Enter date "Other Business Entity" was first organized, formed or incorporated: 3. If the jurisdiction of the "Other Business Entity" was changed, the state or country und which it is now organized, formed or incorporated: | - |
| 4. The name of the Florida Limited Liability Company as set forth in the attached Artic Organization: | les of |
| DreamHouse Entertainment TV Media LLC | |
| (Enter Name of Florida Limited Liability Company) | |
| 5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this diled by the Florida Department of State; AND 2) must be the same as the effective datached Articles of Organization, if an effective date is listed therein.) | |
| 6. The conversion is permitted by the applicable law(s) governing the other business entite conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting | |

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

currently organized, formed or incorporated.

| Signed this 181h day of May | 20 | |
|--|---|---|
| Signature of Member or Authorized Rep Individual signing affirms that the facts sta constitutes a third degree felony as provide | resentative of Limited Liability Company: ated in this document are true. Any false informed for in s.817.155, F.S. | rmation |
| Signature of Member or Authorized Representation Name: Alexander Kochen | | - - |
| Signature(s) on behalf of Other Business E this document are true. Any false informat s.817.155, F.S. See selow for required sign Signature: | ntity: Individual(s) signing affirm(s) that the ion constitutes a third degree felony as providuature(s). | facts stated in ded for in |
| | Title: Director & COO | - |
| Signature: Printed Name: Alexander A. Fiore | Title: Director & CEO | <u>-</u> |
| Signature: Mercedes M. Fiore Printed Name: Mercedes M. Fiore | Title: <u>Director & President</u> | SECH TI |
| Signature:Printed Name: | Title: | THASSEE, FI |
| Signature:Printed Name: | Title: | JUN 20 PH 2: 30 CRETARY OF STATE CAHASSEE, FLORID |
| Signature:Printed Name: | Title: | - Pm 0 |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Direct If Directors or Officers have not been selected | | |
| If Florida General Partnership or Limited Signature of one General Partner. | Liability Partnership: | |
| If Florida Limited Partnership or Limited Signatures of ALL General Partners. | Liability Limited Partnership: | |
| All others: Signature of an authorized person. | | |
| Fees: | | |
| Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) Page 2 of 2 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| A | R | T | I | C | L | E | 1 | - | N | am | e | : |
|---|---|---|---|---|---|---|---|---|---|----|---|---|
|---|---|---|---|---|---|---|---|---|---|----|---|---|

The name of the Limited Liability Company is:

DreamHouse Entertainment TV Media LLC

(Must end with the words "Limited Liability Company, the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

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

| Principal Office Address: | <u>Wraning Address:</u> | | | |
|-----------------------------|-----------------------------|--|--|--|
| 113 Almeria Avenue | 113 Almeria Avenue | | | |
| Coral Gables, Florida 33134 | Coral Gables, Florida 33134 | | | |
| | | | | |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Alexander Kochen

Name

113 Almeria Avenue

Florida street address (P.O. Box NOT acceptable)

Coral Gables

FL 33134

City, State, and Zip

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)

Page 1 of 2

| | ame and Address: | | | |
|--|--|------------------|-----------------|------------------------|
| "MGR" = Manager "MGRM" = Managing Member | | | | |
| MORW — Managing Member | | | | |
| MGRM | Mercedes M. Fiore | | | |
| | 113 Almeria Avenue | | | |
| | Coral Gables, FL | | | |
| MGRM | Alexander A. Fiore | | | |
| * | 113 Almeria Avenue | | | |
| | Coral Gables, FL | | | |
| MGRM | Alexander Kochen | SEC | | |
| | 113 Almeria Avenue | <u>}</u> ??? | ⊑ . | ï |
| | Coral Gables, FL | <u> </u> | ~ | المجاولين المجاولين |
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| | | E F | C | |
| (Use attachment if necessary) | | € ²⁷⁷ | | |
| TOUE W. Effective data if other than | the data of filings | | | |
| ICLE V: Effective date, if other than | the date of filing: (OPTIONAL) | | | |
| effective date: 1) cannot be prior to | nor m ore than 90 days after the date this do | cument is | s filed | bv |
| | 2) must be the same as the effective date list | | | |
| ificate of Conversion, if an effective | | | | |
| / | \ / | | | |
| <u>DUIRED</u> SIGNATURE: | \ / | | | |
| <u>~</u> . | . \ / | | | |
| | V | | | |
| Signature of a member or an a | partorized representative of a member. | | | |
| | · V | 9.00 | | |
| the penalties of perjury that the facts stated | orida Statutes, the execution of this document constitute I herein are true. I am aware that any false information s itutes a third degree felony as provided for in s.817.155 | submitted in | tion un | der |
| • | er Kochen | • | | |
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