L11000088468

| (Re | equestor's Name) | |
|---|--------------------|-------------|
| (Ac | ddress) | |
| (Address) | | |
| (Ci | ty/State/Zip/Phon | e #) |
| PICK-UP | MAIT | MAIL. |
| (Bu | usiness Entity Nar | me) |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only

B. KOHR
AUG 2 2011
EXAMINER



500210265005

08/02/11--01006--008 **155.00

TO ACKNOWLEDGE
SUFFICIENCY OF FILING

DEPARTMENT OF STATE
BIVISION OF CORPORATIONS

ONLY AND -2 AND C. I.E.



LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Walk in Certified Copy Pick up time Photocopy ☐ Certificate of Status Mail out Will wait **NEW FILINGS AMENDMENTS** Profit Amendment Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability Domestication Dissolution/Withdrawal Other Merger **OTHER FILINGS** REGISTRATION/QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other

Examiner's Initials

| ARTICLES OF ORGANIZATION FOR | R FLORIDA LIMITED LIABILITY COMPANY | |
|---|--|--|
| ARTICLE I - Name: | The state of the s | |
| The name of the Limited Liability Company | The state of the s | |
| Daromo Productions, LLC | ightility Company "L.I.C." or "L.C." | |
| | iability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street address of the | e principal office of the Limited Liability Company is: | |
| Principal Office Address: | Mailing Address: | |
| 9024 Collins Avenue Suite A Surfside, FL. 33154 | 9024 Collins Avenue Suite A Surfside, FL. 33154 | |

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:

| Daniel Romag | gnoli | | |
|--|----------------------|--|--|
| | Name | | |
| 9024 Collins Avenue Ste. A | | | |
| Florida street address (P.O. Box NOT acceptable) | | | |
| Surfside | _{FL} 33154 | | |
| | 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

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

| Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (Ise attachment if necessary) | ıd Address: |
|--|---|
| Daniel Ro 9024 Colli Surfside, I VP Daniel O. 9024 Colli Surfside, I S Andrea C 9024 Colli Surfside, I Surfside, I CLE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and days after the date of filing.) REQUIRED SIGNATURE (In accordance with section 608.408(3), Florida constitutes an affirmation under the penalties of I am aware that any false information submitted constitutes a third degree felony as provided for | |
| VP Daniel O. 9024 Colli Surfside, I Surfside, I Surfside, I Andrea C 9024 Colli Surfside, I Surfside, I CLE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and days after the date of filing.) REOUIRED SIGNATURE (In accordance with section 608.408(3), Florida constitutes an affirmation under the penalties of I am aware that any false information submitted constitutes a third degree felony as provided for | |
| Surfside, I Daniel O. 9024 Colli Surfside, I S Andrea C 9024 Colli Surfside, I Gurfside, I (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and days after the date of filing.) REQUIRED SIGNATURE (In accordance with section 608.408(3), Florida constitutes an affirmation under the penalties of I am aware that any false information submitted constitutes a third degree felony as provided for | magnoli (50% owner) |
| Surfside, I Daniel O. 9024 Colli Surfside, I Andrea C 9024 Colli Surfside, I Surfside, I Use attachment if necessary) (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and days after the date of filing.) REQUIRED SIGNATURE (In accordance with section 608.408(3), Florida constitutes an affirmation under the penalties of I am aware that any false information submitted constitutes a third degree felony as provided for | ns Avenue Suite A |
| S Andrea C 9024 Colli Surfside, I Surfside, I (Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (In accordance with section 608.408(3), Florida constitutes an affirmation under the penalties of I am aware that any false information submitted constitutes a third degree felony as provided for | FL. 33154 |
| S Andrea C 9024 Colli Surfside, I Andrea C 9024 Colli Surfside, I (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and days after the date of filing.) REOUIRED SIGNATURE (In accordance with section 608.408(3), Florida constitutes an affirmation under the penalties of I am aware that any false information submitted constitutes a third degree felony as provided for | Alvarez (50% owner) |
| Surfside. Andrea C 9024 Colli Surfside. (Use attachment if necessary) LE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and days after the date of filing.) REOUIRED SIGNATURE (In accordance with section 608.408(3), Florida constitutes an affirmation under the penalties of I am aware that any false information submitted constitutes a third degree felony as provided for | ins Avenue Suite A |
| (Use attachment if necessary) (Use attachment if necessary) (LE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and days after the date of filing.) REOUIRED SIGNATURE (In accordance with section 608.408(3), Florida constitutes an affirmation under the penalties of I am aware that any false information submitted constitutes a third degree felony as provided for | FL. 33154 |
| (Use attachment if necessary) (Use attachment if necessary) (LE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and days after the date of filing.) REOUIRED SIGNATURE (In accordance with section 608.408(3), Florida constitutes an affirmation under the penalties of I am aware that any false information submitted constitutes a third degree felony as provided for | . Giglio |
| (Use attachment if necessary) LE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and days after the date of filing.) REOUIRED SIGNATURE (In accordance with section 608.408(3), Florida constitutes an affirmation under the penalties of I am aware that any false information submitted constitutes a third degree felony as provided for | ins Avenue Suite A |
| (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and days after the date of filing.) REOUIRED SIGNATURE (In accordance with section 608.408(3), Florida constitutes an affirmation under the penalties of I am aware that any false information submitted constitutes a third degree felony as provided for | |
| REQUIRED SIGNATURE Signature of a member or an authorize (In accordance with section 608.408(3), Floridal constitutes an affirmation under the penalties of I am aware that any false information submitted constitutes a third degree felony as provided for | . (OPTIONAL) cannot be more than five business days prio |
| (In accordance with section 608.408(3), Florida constitutes an affirmation under the penalties of I am aware that any false information submitted constitutes a third degree felony as provided for | and representative of a member |
| constitutes an affirmation under the penalties of I am aware that any false information submitted constitutes a third degree felony as provided for | zeu representative of a member. |
| Daniel Remagneti | perjury that the facts stated herein are true. in a document to the Department of State |
| Dańiel Romagnoli | · |
| Typed or printed na | rne of signee |