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PICK-UP	WAIT	MAIL
(Ві	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	
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EXAMINER



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236 East 6th Avenue . Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-166

(850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666 . மூ

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	V	CERTIFIED CO	PPY	
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1.	(CC	The Bea	Hiful Game Film	1 LLC
2.	· (CC	ORPORATE NAME AN	D DOCUMENT #)	
3.	(CC	PRPORATE NAME AN	D DOCUMENT #)	
4.	(CC	RPORATE NAME ANI	DOCUMENT #)	
5.	(CO	RPORATE NAME ANI	DOCUMENT #)	
6.	(CO	RPORATE NAME ANI	DOCUMENT #)	
SPE	CIAL INS	STRUCTIONS:		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Beautiful Game Film, LLC	,
(Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
108 4th Dilido Terrace	108 4th Dilido Terrace
Miami Beach, PL 33139	Miami Beach, FL 33139

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:

Dana Turken	
	Name
108 4th Dilido T	**************************************
· · ·	orida street address (P.O. Box NOT acceptable)
Miami Beach,	PL 33139
	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.

By: A Signature (REQUIRED)

(CONTINUED)

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10/04/5011 11:08 646-638-9239

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGRM** Danny Turken 222 West 15th Street, Apt. 1D (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: upon filing (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) REQUIRED SIGNATURE: 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.) Danny Turken Typed or printed name of signee

\$125.00 Filing 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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Filling Fees: