

**L11000124537**

**Florida Department of State  
Division of Corporations  
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**To:**  
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**From:**  
Account Name : CSH SERVICES, LLC  
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Phone : (800) 494-3124  
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**FLORIDA LIMITED LIABILITY CO.**

**Evoke Media Studio LLC**

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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE I NAME**

The name of the Limited Liability Company is:

EVOKE MEDIA STUDIO LLC

**ARTICLE II ADDRESS**

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

521 NW 197TH AVENUE  
PEMBROKE PINES, FLORIDA 33029

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

GILBERT ALVAREZ  
521 NW 197TH AVENUE  
PEMBROKE PINES, FLORIDA 33029

Having been named as registered agent 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.



GILBERT ALVAREZ / Registered Agent's signature

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**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER

GILBERT ALVAREZ

521 NW 197TH AVENUE

PEMBROKE PINES, FLORIDA 33029

MANAGING MEMBER

JODY EVANS

9340 LAGOON PLACE #307

DAVIE, FLORIDA 33324

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X



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.

GILBERT ALVAREZ

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