

L12000034651

Division of Corporations

From: Maggie Fleagle
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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : GEOFFREY M. WAYNE, P.A.
Account Number : 076770003401
Phone : (305) 381-8108
Fax Number : (305) 402-2424

**MAR 12 2012
L. SELLERS**

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: mf@attorneymiami.com

FLORIDA LIMITED LIABILITY CO.

MetSquare Cinema, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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Corporate Filing Menu

Help

FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Maggie Fleagle
DATE	2012-03-09 20:52:19 GMT
RE	MetSquare Cinema, LLC

COVER MESSAGE

alexis mayor, legal assistant
law offices of geoffrey m. wayne, p.a.
merrick view - penthouse 840
135 san lorenzo avenue
coral gables, fl 33146-1527
voice 305.381.8108
direct line 786.709.4604
main fax 305.402.2424
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www.abogadomiami.com

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**The name of the Limited Liability Company is: **MetSquare Cinema, LLC****ARTICLE II- Address:**

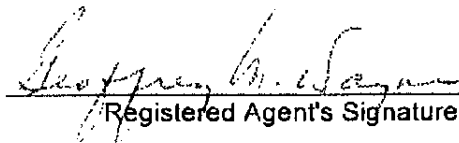
The mailing address and the street address --of the principal office of the Limited Liability Company is: 9118 Strada Place, Suite 8205, Naples, FL 34108.

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

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

Geoffrey M. Wayne, Esq.
135 San Lorenzo Avenue
PH 840
Coral Gables, FL 33146

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 606, F.S.



Registered Agent's Signature

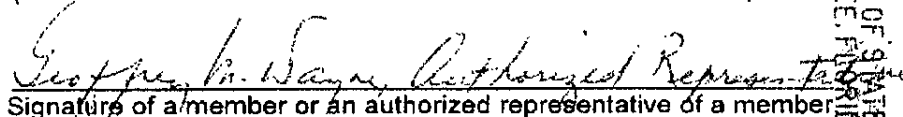
ARTICLE IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

ARTICLE V - The name and address of Managing Managers of the Company are:

Illo Ulivi	-	Manager	-	9118 Strada Place, Suite 8205, Naples, FL 34108
Gonzalo Ulivi-		Manager	-	9118 Strada Place, Suite 8205 Naples, FL 34108

(An additional article must be added if an effective date is requested)



Signature of a member or an authorized representative of a member

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(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.)

Geoffrey M. Wayne

Typed or printed name of signee

FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization**
- \$ 25.00 Designation of Registered Agent**
- \$ 30.00 Certified Copy (OPTIONAL)**
- \$ 5.00 Certificate of Status (OPTIONAL)**

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