Division of Corporations

Electronic Filing Cover Sheet

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To:

EFFECTIVE DATE

Division of Corporations

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Email Address:

FLORIDA LIMITED LIABILITY CO. HOLLYWOOD COMMUNICATIONS GROUP, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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Corporate Filing Menu https://eride.sumpiz.org/scripts/efilcovr.exe

EFFECTIVE DATE___

H12000089872
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
Hollywood Communications Troup, LL Must end with the words "Limited Liebility Company, "L.L.C.," or "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:
1517 ADAMS STREET 1517 Adems Street HOLLYWOOD FL HOLLYWOOD FL HOLLYWOOD FL
HOLLYWOOD FL HOLLYWOOD, FL 33020
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:
MILAGROS Havares - Molks
lastic
Florida street address (P.O. Box NOT acceptable) Hollyword FI 33020 City, State, and Zip
Florida street address (P.O. Box NOT acceptable)
HOLLINGER 33020
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 Agant's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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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	·
	M IL
MERM	MILATROS MAVARES-MOlko
	1517 Adams Street
,	HONYWOOD FL. 33020
MTORM	MASSIMO BUALTIERÍ
•	1326 CANARY #SLAND DR.
	WESTON, FL. 33327
ME RM	STELLA NAVAS
	4102 FOREST DRIVE
	WESTON FL 33332
MERM	ROSSANA EAMERO
	ROSSANA FIAMERS 1805 SANS SOUCH BLVD
	Apt. 231
(Use attachment if necessary)	NORTH. MIAMI, FL. 3318/
•	date of filing: 4/3/2012. (OPTIONAL)
ARTICLE V: Effective date, if other than the	
to or 90 days after the date of filing.)	specific and cannot be usore than five business days prior
to at 30 days after the care of ming.)	
	•
REQUIRED SIGNATURE:	
- Land	digo tant
Signature of a member	r or an authorized representative of a member.
(In accordance with sec	tion 608.408(3), Florida Statutis, the execution
of this document constitution that the facts stated he	nates an affirmation under the genalties of perjury
	ROS MAVARES MOCKO
Tyr	ed or printed asme of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of Organ of Registered Agent	nization and Designation

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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