PAGE 1 OF 3

6/18/12

orida Department

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000162115 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: HUBCO Account Name

Account Number: 104662003400

Phone : (516)935-3940 : (516)935-3088 Fax Number

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

Email	Address:	<u> </u>	la 💮	
	-		,	 

## FLORIDA LIMITED LIABILITY CO.

Imaginary Business Productions LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

J. BRYAN

JUN 2 0 2012

H12000162115

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name

The name of the Limited Liability Company is: Imaginary Business Productions LLC

ARTICLE II - Address

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

S At An and an and a min but of 100 of	to company to menty is.
Principal Office Address:	Mailing Address:
One Financial Plaza, Suite 2300	One Financial Plaza, Sulte 2300
Fort Lauderdale, FL 33394	Fort Lauderdale, FL 33394
	*
ARTICLE III - Registered Agent, Registered Offi The name and Florida street address of the registered agent are	
Steve Levy	
	Name

Fort Lauderdale, FL 33394 (City / State / Zip)

(P.O. Box or Muil Drop Box NOT Acceptable)

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 of 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.

One Financial Plaza, Sulte 2300

Registered Agent's Signature - Steve Levy

ARTICLE IV - Manager(s) or Managing Member(s):

H12000182115

The name and address of each Man	ager or Managing Member is as follows:	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
_MGR	Steve Levy - One Financial Plaza, Sulte 2300	En y
	Fort Lauderdale, FL 33394	THE TOTAL PROPERTY OF THE PROP
		The B
, <u></u>		%
(Use attachment if necessary)		-92-
REQUIRED SIGNATURE:		
Signature	of a member or authorized representative of a member.	
	nce with section 696.408(3), Florida Statutes, the execution of constitutes an affirmation under the penalties of perjury that the are true.)	
	Steve Levy	
	Typed or printed name of signee	