Division of Corporations

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.

(((H120001833503)))



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:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023

Phone : (850)222-1092

Fax Number

: (850)878-5368

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

	Address:			
<i>.m.</i> a.z.z	ADDIMAN:			

FLORIDA LIMITED LIABILITY CO. E! BRAZIL DISTRIBUTION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Corporate Filing Menu

Electronic Filing Menu

C. LEWIS

JUL 17 2012

EXAMINER Help

https://efile.sunbiz.org/scripts/efilcovr.exe

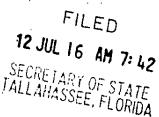
7/16/2012

CT CORPORATION

8656336092

92:01 2102/91/20

PAGE 01/03



ARTICLES OF ORGANIZATION FOR FLORIDA LIMPTED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

E! Brazil Distribution, 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:

2525 Ponce de Leon Boulevard

Suite 250

Coral Gables, FL 33134

2525 Ponce de Leon Boulevard

Sulta 250

Coral Gables, FL 33134

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:

CT Corporation System

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation

_{FL} 33324

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 Agent's Signature (REQUIRAD)

(CONTINUED)

Page 1 of 2

Madonna Cuddihy Special Assistant Secretar

FILED 12 JUL 16 AM 7: 42 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	El Distribution, LLC 2525 Ponce de Leon Boulevard, Suile 250 Coral Gabies, PL 33134
	
<u> </u>	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing:, (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	

(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, P.S.)

Signature of a member or an authorized representative of a member.

Miriam Cruz-Bustillo

Typed or printed name of signee

Piling Peer:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

Page 2 of 2