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Note: DO No	OT 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 : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)220-1440
**Enter t anni	he email address for this business entity to be used for future hal report mailings. Enter only one email address please.**
,	1 Address:
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<b>Emai</b>	FLORIDA LIMITED LIABILITY CO. LATE NIGHT ENTERTAINMENT GROUP LLC Certificate of Status 1
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RTICLES OF OR	RGANIZATION FO	R FLORID	A LIMITED LIA	BILITY COMPANY
ARTICLE I - Nam The name of the Lin	ne: mited Liability Compa	ny is:		
Late M	Victot Enter	-fain	Ment Gro	yp LLC
ARTICLE II - Ad	dress:			d Liability Company is:
Principal Office A	ddress:	Mail	ling Address:	· · ·
3600 SW	8 +4 St		- Same -	<b></b>
Miami /	F/ 33/35			
(The Limited Liability Co business entity with an a	egistered Agent, Region ompany cannot serve as its ow active Florida registration.) Florida street address of Juan E	m Registered Age	ent. You must designate an	individual or another
	•	Name		
	3600 su			
	Florida	treet address (P.	O. Box NOT acceptable	e)
	City	FL , State, and Zip	<u> </u>	
liability compa registered agent a statutes relating	my at the place designated agree to act in this f	ted in this cer capacity. I fun officie performa	tificate, I hereby acc rther agree to comply ance of my duties, an	v with the provisions of all d I am familiar with and

Eistered Archit's Signature (REQUIRED)

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## H12000278744

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

MERM

MERM

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_\_. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REOUIRED SIGNATURE:** 

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.)

lucan ε. EDONZA/EZ

Typed or printed name of signee

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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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