

Division of Corporations

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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) 381-8109

****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.

Merrick Park Cinema LLC

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

D. BRUCE

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EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is: **Merrick Park Cinema LLC**

ARTICLE II- Address:

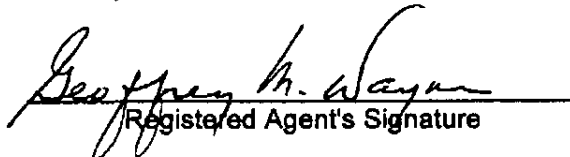
The mailing address and street address of the principal office of the Limited Liability Company is: 9118 Strada Place, Suite 8205, Naples, FL 34108.

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 608, F.S.


Registered Agent's Signature

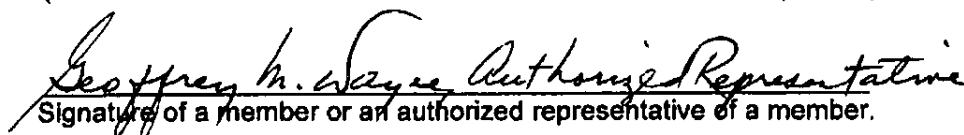
ARTICLE IV - Management (Check box if applicable.)

☒ 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 each Manager is as follows:

Ilio 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)


Authorized Representative
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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