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SECRETARY OF STATE

(850) 245-6051.

		COVE	RELIER *	
TO:	Registration S Division of Co			₹*
SUBJE	СТ:	WWOLF THE Name of Limite	MOVIE, LLC ed Liability Company	2
The enc	losed Articles of	Organization and fee(s) are s	submitted for filing.	
Please r	eturn all corresp	ondence concerning this matte	: er to the following:	
		ANNA M	. ALBELO	
-			Name of Person	
		·	Firm/Company	
		1780 SU	1 14 TER	
		•	Address	
-		MIAMI, F	72 33/45 y/State and Zip Code	
		ANNA. A	LBELOGGM	AIL. COM
		E-mail address: (to be used t	or future annual report notification)	
For furt	ther information	concerning this matter, please	call:	
A	NNA 7	ALBELO	at (303) 606 Area Code & Daytime Telep	6364
	Name	or rerson	Area code & Dayume Telep	Mone (value)
Enclos	ed is a check fo	or the following amount:		
姓 \$125.0	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address	Street/Courier Address	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1780 SW. 14 TER	
MIAMI, FL 33/45	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ed Agent. You must designate an individual or another
The name and the Florida street address of the reg	hbelo Est
1780 SW	14 TER SSE CONTROL OF STATE OF
Miami	FL 33/45 SPITE 33
City, State	, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity all statutes relating to the proper and complete	scept service of process for the above stated limited is certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of performance of my duties, and I am familiar with istered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

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	ANNA M. ALBELO 1780 SW 14 TER MIAMI, FL 33145
(Use attachment if necessary)	(OPTIONAL)
If an effective date is listed, the date orior to or 90 days after the date of file	an the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days ing.)
REQUIRED SIGNATURE: Signature of a	member or an authorized representative of a member.
constitutes an affirmatio I am aware that any false	member or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. io information submitted in a document to the Department of State information submitted in a security of the facts stated herein are true. ABELO ABELO
	Typed or printed name of signee

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)