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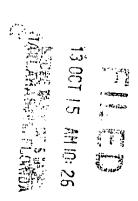
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J. SHAPETO OCT 16 2015

COVER LETTER

Registration Section TO: Division of Corporations STAGE DEALER, LLC Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: MICHAEL McPHERSON Name of Person THE POET COMPANIES Firm/Company 1382 WEST McNAB ROAD FORT LAUDERDALE, FL 33309 City/State and Zip Code michael@poet.cc 11-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael McPherson Name of Person Enclosed is a check for the following amount: □\$130,00 Filing Fee & □\$155.00 Filling Fee & ■\$125.00 Filing Fee. ☐ \$160.00 Filing Fee. Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address Street/Courier Address Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Lallahassee, FL 32314 2661 Executive Center Circle Tallahussee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compar	ıy is:
STAGE DEALER, LLC	
(Must end with the words "Limited	f Liability Company, "L.L.C.," or "t I C.")
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1382 WEST McNAB ROAD	1382 WEST McNAB ROAD
FORT LAUDERDALE, FL 33309	FORT LAUDERDALE, FL 33309
The name and the Florida street address of MICHAEL McPHERSON	the registered agent are:
	Name Sala Sala Sala Sala Sala Sala Sala Sal
1382 WEST McNAB ROAD	भूति ज १ ^{००}
Florida stro	ret address (P.O. Box NOT acceptable)
FORT LAUDERDALI	E N 33309
C.	ity. State, and Zip 25
liability company at the place designate registered agent and agree to act in this c all statutes relating to the proper and cor	nd to accept service of process for the above stated limited at in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of implete performance of my duties, and I am familiar with as registered agent as provided for in Chapter 608, F.S.,

Page Lof 2

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MONAT Managing Memoet	
Manager	MICHAEL McPHERSON
	1382 WEST MCNAB ROAD
	FORT LAUDERDALE, FL 33309
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(Use attachment if necessary)	
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CLE V: Effective date, if other than effective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE:	nust be specific and cannot be more than five business (3)
CLE V: Effective date, if other than effective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a performance with section constitutes an affirmation in 1 am aware that any false in	nust be specific and cannot be more than five business.
CLE V: Effective date, if other than effective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a performance with section constitutes an affirmation in 1 am aware that any false in	mber or an authorized representative of a member. 608.408(3). Florida Statutes, the execution of this document of the penalties of periory that the facts stated herein anythmetormation submitted in a document to the Department of State dony as provided for in s.817.155, F.S.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)