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.

(((H14000\psi07929 3)))

H140000079293ABC%

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 : LAZARUS CORPORATE FILING SERVICE,

Account Number : I20000000019

: (30\$)552-5973 Fax Number : (30\$)220-1440

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

Email Address:

FLORIDA LIMITED LIABILITY CO. THIAGO VIDEO LLC

Certificate of Status	
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

H14000007829

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
Thiago Video 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: 19577 NW57 AVE MIAMI FL 33055 Mailing Address: 19577 NW57 AVE MIAMI FL 33055
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 registured agent are: Santage Quintanal Name 19577 NW 57 Ave Florida street address (P.O. Box NOT acceptable)
Miami FL 33055 City 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 abligations of my position as registered agent as provided for in Chapter 605, F.S

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H14000007929

The name and address of each person authorized	outputty.
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Santiago Quintanal
	MIAMI FL 33055
(1) - th	
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Effective date: if other than the date of	filing: .(OPTIONAL)
LE V: Effective date, if other than the date of fective date is listed, the date must be speci-	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 days
• *	
LE V: Effective date, if other than the date of fective date is listed, the date must be speci of filing.)	filing: (OPTIONAL) ific and cannot be more than five business days prior to or 90 days
LE V: Effective date, if other than the date of fective date is listed, the date must be speci of filing.)	
LE V: Effective date, if other than the date of fective date is listed, the date must be specifiling.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memi	ber or an authorized representative of a member.
LE V: Effective date, if other than the date of fective date is listed, the date must be specific of filing.) LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a memical (In accordance with section 60) constitutes an affirmation undil am aware that any false information.	ber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true.
LE V: Effective date, if other than the date of fective date is listed, the date must be specific of filing.) LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a memiliary of a memil	ber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true, remation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
LE V: Effective date, if other than the date of fective date is listed, the date must be specific of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memily (In accordance with section 60 constitutes an affirmation under the lam aware that any false inforcenstitutes a third degree felor	ber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true.
LE V: Effective date, if other than the date of fective date is listed, the date must be specific of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memical of a memical section 60 constitutes an affirmation undigenerate and any false inforcement of the constitutes a third degree felocity.	ber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)

Page 2 of 2