## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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arturo@sautomiamibeach.com

## FLORIDA LIMITED LIABILITY CO.

Wonderland Entertainment LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

JAN 2 4 2013

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ARTICLES OF ORGAN	NIZATION FOR FLORIDA LIMITED LIABILITY (	COMPANY
ARTICLE I - Name: The name of the Limited Liability Comp	pany is:	
Wonde	rland Entertainment LLC	
(Must end with the	words "Limited Liability Company, "L.L.C.," o	or "LLC.")
ARTICLE II - Address: The mailing address and street address o	of the principal office of the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	
7770 Biscayne Boulevard	7770 Biscayne Bouleva	ard
Miami, FL 33138	Miami, FL 33138	
another business entity with an active Fl The name and the Florida street address	-	argunio de divertovo si
Carlos Tellez	<b>z</b>	
	Name	
7770 Biscay	ne Boulevard	
	dress (P.O. Box <u>NOT</u> acceptable)	
Miami	FL 33138	
	City Zip	
the place designated in this certificue capacity. I further agree to comply with of my duties, and I am familiar with an	and to accept service of process for the above start, I hereby accept the appointment as registered on the provisions of all statutes relating to the property of the obligations of my position as regist Chapter 603, F.S  d Agent's Signature (REQUIRED)  Carlos Tellez  (CONTINUED)	igent and agree to act in this per and complete performance
	Page I of 2	ILED 123 AM 8: 01 TARY OF STATE ASSEE, FLORIDA

H14000017763

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Carlos Teilez
	7770 Biscayne Boulevard
	Miaml. FL 33138
(Use attachment if necessary)  E.V: Effective date, if other than the date of	of filing: (OPTIONAL)
EV: Effective date, if other than the date of fective date is listed, the date must be specifiling.)	of filing: (OPTIONAL) cific and cannot be more than five husiness days prior to or 90
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EV: Effective date, if other than the date of filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem tin accordance with section 60 constitutes an affirmation und I am aware that any false info	ther or an authorized representative of a member.
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Page 2 of 2

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SECRETARY OF STATE TALLAHASSEE, FLORIDA