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**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (786) 409-5946

****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.
SAO PAULO SERIES FILM PARTNERS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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Corporate Filing Menu

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B. BOSTICK

APR 29 2014

EXAMINER

H140000100534

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAO PAULO SERIES FILM PARTNERS, 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:

RYAN CIMINO
Name of Person

SUNSET STUDIOS, LLC
Firm/Company

321 MONTGOMERY ROAD, #160143
Address

ALTAMONTE SPRINGS, FL 32716
City/State and Zip Code

RYANCIMINO@SUNSETSTUDIOS.CO
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RYAN CIMINO at (407) 722-0770
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 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)

Mail/In Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2014 MAR 28 A 09:47

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SAO PAULO SERIES FILM PARTNERS, 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:

Mailing Address:

321 MONTGOMERY ROAD, #160143
ALTAMONTE SPRINGS, FL 32716

321 MONTGOMERY ROAD, #160143
ALTAMONTE SPRINGS, FL 32716

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 registered agent are:

SUNSET STUDIOS, LLC

Name

321 MONTGOMERY ROAD, #160143

Florida street address (P.O. Box **NOT** acceptable)

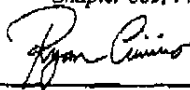
ALTAMONTE SPRINGS

City

FL 32716

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 obligations of my position as registered agent as provided for in Chapter 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

SUNSET STUDIOS, LLC

321 Montgomery Road, #160143

Altamonte Springs, FL 32716

MGR

AURELIO ABREU GUZZONI, ME

Avenida João Pedro Cardoso, 151, Sala 4

Parque Jabaquara, CEP 04355-000

São Paulo, SP

BRAZIL

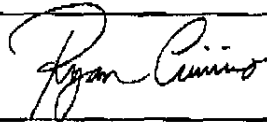
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

RYAN CIMINO

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)

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