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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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MAY - 6 2014

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ACCOUNT NO. : 12000000195

ACCOONT NO 12000000133
REFERENCE: 118208 4307835
AUTHORIZATION :
COST LIMIT: \$125.00
ORDER DATE : May 5, 2014
ORDER TIME : 11:41 AM
ORDER NO. : 118208-005
CUSTOMER NO: 4307835
DOMESTIC FILING
NAME: ALUMBRONES LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray - EXT. 52925

EXAMINER'S INITIALS:

COVER LETTER

60 3

	egistration Section ivision of Corporations
SUBJECT	: Alumbranes LLC Name of Limited Liability Company
	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Bruce Donnelly Name of Person
	DKR Films Firm/Company
	• •
	1556 NE 37 Street Address
	Oakland Park, Fl 33334 City/State and Zip Code
	Bruce. Donnelly Q amail. com E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
Bru	Name of Person Area Code Daytime Telephone Number
Enclosed is \$125.00 Fil	a check for the following amount: ing Fee \$\int \frac{130.00}{2}\$ Filing Fee & \$\int \frac{155.00}{2}\$ Filing Fee & \$\int \frac{160.00}{2}\$ Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ART	ICLES OF ORGANIZA	TION FOR FLO	RIDA LIMITED LIA	BILITY COMPANY	***
ARTICLE 1 - Name:					ميابين معمود
The name of the Limite	d Liability Company	is:			Į. J
AI	mbrones	LLC		변의 불	È =
	fust end with the word		bility Company, "L	L.C.," or "LLC.")	
ARTICLE II - Addres	s:			6m	
The mailing address and	d street address of the	principal office	e of the Limited Lia	ability Company is:	
Principal Office Addr	ess:	Mailing A	Address:		
1556 NE	37 Street		1556 A	VE 37 Street	
Oakland 1	ark, FL		Oaklar	VE 37 Street	
33334			533	34	
another business entity	Company cannot serve with an active Florida	as its own Reg registration.)	ristered Agent. You	Signature: must designate an individual or	
The name and the Florid	la street address of the	e registered age	nt are:		
_	Corporation Service	e Company			
		Name			
_	1201 Hays Street				
	Florida street address	(P.O. Box <u>NC</u>	T acceptable)		
	Tallahassee		_{FL} 32301		
_					

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..

Corporation Service Company

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Carina L. Dunlap Asst. Vice President

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Fitle:</u> 'AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	C Donall
MGR	Bruce Donnelly 1556 NE 37 Street
	Ogkland Pack, FL 33334
MGR	James Kubesch
	Dakland Park, FL 33334
MGR	Fermin Rojas
	1556 NE 37 Street
	Oakland Park, FL 33534
Use attachment if necessary) V: Effective date, if other than the trive date is listed, the date must	ne date of filing: (OPTIONAL)
V: Effective date, if other than the	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 9
CV: Effective date, if other than the ctive date is listed, the date must filling.)	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 9
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C.V: Effective date, if other than the ctive date is listed, the date must filling.) C.VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 9
C.V: Effective date, if other than the ctive date is listed, the date must filling.) C.VI: Other provisions, if any.	f a member or an authorized representative of a member.
CV: Effective date, if other than the cive date is listed, the date must filling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with seconstitutes an affirm	f a member or an authorized representative of a member. The cition 605.0203 (1) (b), Florida Statutes, the execution of this document in the penalties of perjury that the facts stated herein are true.
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