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K.SALY EXAMINER MAY 21 2014

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Pana Films LLC Name of Li	mited Liability Company	·····
	,	
The enclosed Articles of Organization and fee(s) a	are submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Manuel Felipe Carrillo		
	Name of Person	
Pana Films LLC		
	Firm/Company	
92 SW 3rd Street Suite 712		
	Address	<del>.</del>
Miami, FL 33130		
	City/State and Zip Code	
mfcarrillo69@gmail.com E-mail address: (to be use	ed for future annual report notific	ation)
For further information concerning this matter, ple	ease call:	
Manuel Felipe Carrillo at ( Name of Person	305 ) 799-5845 Area Code Daytime Te	lephone 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)	Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address</u>	Street/Courier Add	racc
Registration Section	Registration Section	
Division of Cornerations	Division of Cornera	tions

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	EFFECTIVE DATE 5-9-2014
Pana Films LLC	
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	
Principal Office Address:	Mailing Address:
92 SW 3rd Street	92 SW 3rd Street
Suite 712	Suite 712
Miami, FI 33130	Miami, Fl 33130
(The Limited Liability Company cannot serve as its own Ranother business entity with an active Florida registration.)  The name and the Florida street address of the registered a Manuel Felipe Carrillo	.)
Name	Fig in The second
92 SW 3rd Street - Suite 712 Florida street address (P.O. Box	NOT acceptable)  NOT acceptable)
Miami	FL 33130
City	Zip 95 ii
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in \$105, F.S  THE (REQUIRED)

Page 1 of 2

<u>l'itle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
AMBR	Manuel Felipe Carrillo
	92 SW 3rd Street Suite 712
	Miami, Fl 33130
	<u></u>
	* - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
EV: Effective date, if other than the da ctive date is listed, the date must be s	te of filing: 5/9/2014 (OPTIONAL) specific and cannot be more than five business days prior to or
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(Use attachment if necessary)  EV: Effective date, if other than the da ctive date is listed, the date must be s f filing.)  EVI: Other provisions, if any.	te of filing: 5/9/2014
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