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Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 675-5944

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

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**FLORIDA LIMITED LIABILITY CO.
VERSAL STUDIO LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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JUN 10 2014
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June 5, 2014

FLORIDA DEPARTMENT OF STATE
LAZARUS CORPORATE FILING SERVICE Division of Corporations

SUBJECT: VERSAL STUDIO LLC
REF: W14000034772

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

FAX Aud. #: E14000130154
Letter Number: 914A00012079

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

VERSAL STUDIO 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:

14890 SW 39th TERRACE
Miami, FL. 33185

14890 SW 39th TERRACE
Miami, FL. 33185

ARTICLE III – Registered Agent, Registered Office, & Registered Agent Signature

The name and the Florida street address of the registered agent are:

Name: ABEL FERRO

Florida street address: 14890 SW 39th TERRACE

City, State and Zip Code: Miami, FL. 33185

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.

For further information regarding this matter, please call (305)582-0870 or use email contact@versalstudio.com



Registered Agent's Signature

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ARTICLE IV

The name and address of each person authorized to manage or control the LLC
Company:

Title:
"AMBR = Authorized Member
"MGR = Manager

Name and Address:
MARIETTA GONZALEZ
14890 SW 39th TERRACE, MIAMI, FL 33185

MGR

ABEL FERRO
14890 SW 39th TERRACE, MIAMI, FL 33185

AMBR

AMBR

AMBR

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ARTICLE V: Effective date, if other than the date of filing: JUNE 1 2014

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 fact 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 817.155, F.S.

Abel Ferro

ABEL FERRO

Typed or printed name of signee

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