

Division of Corporations

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Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : GEOFFREY M. WAYNE, P.A.  
Account Number : 076770003401  
Phone : (305) 381-8108  
Fax Number : (305) 381-8109

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

Email Address: MFCABOGADOMIAMI.COM

FLORIDA LIMITED LIABILITY CO.  
CINECREW LLC

Certificate of Status	0
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J. BRUCE

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**The name of the Limited Liability Company is: **CINECREW LLC****ARTICLE II- Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 2124 NW 53rd St., Boca Raton, FL 33496.

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Geoffrey M. Wayne, Esq.  
 135 San Lorenzo Ave.,  
 PH 840  
 Coral Gables, Florida 33146-1513

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.

*Geoffrey M. Wayne*  
 Registered Agent's Signature

**ARTICLE IV - Management**

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

**Title:**  
 AMBR/ Manager

**Name and Address:**  
 Clarissa Brillembourg  
 2124 NW 53rd St.  
 Boca Raton, FL 33496

**ARTICLE V - Effective date**, if other than the date of filing: \_\_\_\_\_**ARTICLE IV - Other Provisions**, if any. \_\_\_\_\_

*Geoffrey M. Wayne* *Authorized Representative*  
 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.)

Geoffrey M. Wayne  
 Typed or printed name of signer

**FILING FEES:**

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

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