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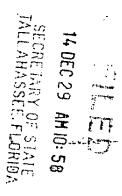
| | (Requestor's N | lame) |
|---------------------|---------------------|-------------------|
| | (Address) | |
| | (Address) | |
| | (City/State/Zip/ | (Phone #) |
| PICK-U | IP WA | IT MAIL |
| | (Business Enti | ty Name) |
| | (Document Nu | mber) |
| Certified Copies | Certi | ficates of Status |
| Special Instruction | ns to Filing Office | er; |
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" COVER LETTER

| TO: | Registration Division of | n Section Corporations | | |
|--------------------|--------------------------|----------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| SUBJI | ECT: <u>INTER</u> | NATIONAL COMEDY & E Name of Lin | NTERTAINMENT, LLC nited Liability Company | |
| The en | closed Articles | s of Organization and fee(s) a | re submitted for filing. | |
| Please | return all corre | espondence concerning this m | atter to the following: | |
| | LAWRE | NCE BERFOND | | |
| | | | Name of Person | |
| | INTERN | ATIONAL JEWELERS EX | CHANGE | |
| | | | Firm/Company | |
| | 8221 GI | ADES ROAD #208 | | |
| | | | Address | |
| | BOCA R | ATON, FL. 33434 | " (C. I | |
| | | C | City/State and Zip Code | |
| <u>.R</u> : | 2CLIMB@AC | PL.COM E-mail address: (to be use | d for future annual report notifica | ation) |
| For fur | ther information | on concerning this matter, ple | ase call: | |
| LAWE | RENCE BERF | | 561) 4880648 | |
| | Nai | me of Person | Area Code Daytime Te | lephone Number |
| Enclos | ed is a check fo | or the following amount: | | |
| ZI \$ 125.0 | 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) |
| | Ma | iling Address | Street/Courier Add | <u>ress</u> |

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: | | |
| INTERNATIONAL COMEDY & ENTERTAINME | | |
| (Must end with the words "Limi | ited Liability Company, "L.L.C.," | or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the princips | al office of the Limited Liability (| Company is: |
| Principal Office Address: | Mailing Address: | . • |
| | | |
| B221 GLADES ROAD #208 BOCA RATON, FL 33434 | 8221 GLADES ROAD # BOCA RATON, FL 3343 | |
| ARTICLE III - Registered Agent, Registered Office The Limited Liability Company cannot serve as its of the business entity with an active Florida registration. | wn Registered Agent. You must c | |
| The name and the Florida street address of the registe | ered agent are: | |
| LAWRENCE BERFOND | | |
| Na | me | |
| 8221 GLADES ROAD #20 | 8 | _ |
| Florida street address (P.O. 1 | Box NOT acceptable) | • |
| BOCA RATON | FL 33434 | |
| City | Zip | |
| - Xh | cept the appointment as registered ons of all statutes relating to the pr obligations of my position as reginal chapter 605, F.S | l agent and agree to act in this oper and complete performance |
| | gnature (REQUIRED) | 14 DE |
| (CONTI | NUED) | |
| Page 1 | of2 | 14 DEC 29 AH IO: ECRETARY OF ST |

| <u>Title:</u> "AMBR" = Authorized Mem | Name and Address: er |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| "MGR" = Manager MGR | LAWRENCE BERFOND 8221 GLADES ROAD #208 |
| | BOCA RATON, FL 33434 |
| AMBR | SCOTT LEVINE 8221 GLADES ROAD #208 |
| | BOCA RATON, FL 33434 |
| <u></u> | |
| | |
| | |
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| | |
| EV: Effective date, if other the cetive date is listed, the date of filing.) | an the date of filing: <u>JANUARY 1, 2015</u> . (OPTIONAL) nust be specific and cannot be more than five business days prior to or 90 |
| EV: Effective date, if other the cetive date is listed, the date of filing.) | an the date of filing: <u>JANVARY 1, 2015</u> . (OPTIONAL) nust be specific and cannot be more than five business days prior to or 90 |
| E V: Effective date, if other the cetive date is listed, the date of filing.) E VI: Other provisions, if any | an the date of filing: <u>TANVARY 1, 2015</u> . (OPTIONAL) nust be specific and cannot be more than five business days prior to or 90 |
| (Use attachment if necessary) E V: Effective date, if other the ective date is listed, the date of filing.) E VI: Other provisions, if any REQUIRED SIGNATURE: | an the date of filing: <u>TANVARY 1, 2015</u> . (OPTIONAL) nust be specific and cannot be more than five business days prior to or 90 |
| E V: Effective date, if other the ective date is listed, the date of filing.) E VI: Other provisions, if any REQUIRED SIGNATURE: Signati | nust be specific and cannot be more than five business days prior to or 90 |
| E V: Effective date, if other the ective date is listed, the date of filing.) E VI: Other provisions, if any REQUIRED SIGNATURE: Signature (In accordance with constitutes an affirm I am aware that any | re of a member or an authorized representative of a member. section 605.0203 (1) (b), Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State of |
| E V: Effective date, if other the ective date is listed, the date of filing.) E VI: Other provisions, if any REQUIRED SIGNATURE: Signature (In accordance with constitutes an affirm I am aware that any constitutes a third decrease in the experiment of the experi | re of a member or an authorized representative of a member. section 605.0203 (1) (b), Florida Statutes, the execution of this document action under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.) |
| E V: Effective date, if other the ective date is listed, the date of filing.) E VI: Other provisions, if any REQUIRED SIGNATURE: Signature (In accordance with constitutes an affirm I am aware that any constitutes a third decrease in the experiment of the experi | re of a member or an authorized representative of a member. section 605.0203 (1) (b), Florida Statutes, the execution of this document action under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.) |
| E V: Effective date, if other the ective date is listed, the date of filing.) E VI: Other provisions, if any REQUIRED SIGNATURE: Signature (In accordance with constitutes an affirm I am aware that any constitutes a third of LAWF | re of a member or an authorized representative of a member. section 605.0203 (1) (b), Florida Statutes, the execution of this document action under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.) ENCE BERFOND Typed or printed name of signee |
| E V: Effective date, if other the ective date is listed, the date of filing.) E VI: Other provisions, if any REQUIRED SIGNATURE: Signature (In accordance with constitutes an affirm I am aware that any constitutes a third of LAWF | re of a member or an authorized representative of a member. section 605.0203 (1) (b), Florida Statutes, the execution of this document lation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.) ENCE BERFOND Typed or printed name of signee Filing Fees: cles of Organization and Designation of Registered Agent |

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