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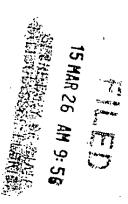
TO:	Registration Section Division of Corporations		
SUBJE	ECT: THE THEATER HOUSE, LLC Name of Lin	nited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	MIGUEL PASCUAL	Name of Person	
	THE THEATER HOUSE	Firm/Company	
	752 SW 10TH AVE	Address	
	MIAMI, FL 33130	City/State and Zip Code	
_C;	21MPASCUAL@HOTMAIL.COM E-mail address: (to be use	d for future annual report notifica	ition)
For fur	ther information concerning this matter, ple	ase call:	
MIGU	EL PASCUAL at (	786 ) 229-0378 Area Code Daytime Tel	ephone Number
_	ed is a check for the following amount:  ### To 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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
THE THEATER HOUSE, LLC	nited Liability Company, "L.L.C.	" on "I I C ")
Must end with the words "Ling"  ARTICLE II - Address: The mailing address and street address of the princip		
Principal Office Address:	Mailing Address:	Company is.
752 SW 10TH AVE MIAMI, FL 33130	15910 SW 72ND TE MIAMI, FL 33193	· · · · · · ·
ARTICLE III - Registered Agent, Registered Off The Limited Liability Company cannot serve as its another business entity with an active Florida regist The name and the Florida street address of the regist  MIGUEL PASCUAL N	own Registered Agent. You must ration.)	
15910 SW 72ND TERRA Florida street address (P.O.		_
MIAMI City	FL 33193 Zip	
	occept the appointment as register ions of all statutes relating to the p ne obligations of my position as re Chapter 605, F.S.	ed agent and agree to act in this proper and complete performance
Registered Agent's S	Signature (REQUIRED)	z s

(CONTINUED)

Page 1 of 2



Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
AMBR	MIGUEL PASCUAL	
		-
	***************************************	
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(Hea attachment if necessary)		•
(Use attachment if necessary)  E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.)	f filing: (OPTIONAL)  ific and cannot be more than five business days prior to or 9	0 day
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