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COVER LETTER

Division of Corporations		
SUBJECT: Film Roman Phoenix Group LLC	nited Liability Company	
Name of Life	med Diabinty Company	
The enclosed Articles of Organization and fee(s) ar	e submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Stephen Waterman		
	Name of Person	
Film Roman Phoenix Group LLC		
Thir William Fridailly Stoop FEO	Firm/Company	
151 Crandon Boulevard - #700	Address	
Key Biscayne, FL 33149	City/State and Zip Code	
	my/since and zip code	
jennifer@watermanent.com E-mail address: (to be use	d for future annual report notifica	tion)
For further information concerning this matter, plea	ase call:	
Jennifer Erskine at ()	310) 413-7331 Area Code Daytime Tel	ephone Number
Enclosed is a check for the following amount:		
S125.00 Filing Fee Scertificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courler Add	ress
Registration Section	Registration Section	

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tailahassee, 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 1 - Name: The name of the Limited Liability Company is:			
Film Roman Phoenix Group LLC (Must end with the words "Limited I	lability Company, "L.L.C.," or "LLC.")	_	
ARTICLE II - Address: The mailing address and street address of the principal of	ice of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
151 Crandon Boulevard - #700 Key Biscayne, FL 33149	151 Crandon Boulevard - #700 Key Biscayne, FL 33149		
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	legistered Agent. You must designate an indi-	- vidual o	r
The name and the Florida street address of the registered a	gent are:		
Paracorn Incorporated			
Name			
236 East 6th Avenue			
Florida street address (P.O. Box	NOT acceptable)		
Tallahassee	FL 32303		
City	Zip		
Having been named as registered agent and to accept service 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 oblice. Chapte	the appointment as registered agent and agree f all statutes relating to the proper and comple	to act i	n this rmance
SEE ATTACHED			
Registered Agent's Signatu	re (REQUIRED)		
(CONTINUED)		15 AUG	SECRE
Dura Laff			□ □ □ □

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STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 8/06/2015

ENTITY NAME: Film Roman Phoenix Group LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

Ninh Ho, Assistant Secretary Paracorp Incorporated 15 AUG -7 PM 3: 25