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COVER LETTER

	Registration Section Division of Corporations
SUBJEC	Buddha Productions and Talent Agency, LLC
SUBJEC	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Mariella Sosa
	Name of Person
	Firm/Company
	313 Oregon Street
	Address
	Hollywood, Florida. 33019
	City/State and Zip Code
	mariellasosa@aol.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Mariella Sosa 305 898.2409 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00	Filing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tailahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	CI - Name: of the Limited Liability	Company is:		
	Buddha Productions a			
	(Must end w	ith the words "Limited	d Liability Company, "	L.L.C.," or "LLC.")
ARTICLE	II - Address:			
The mailin	g address and street add	iress of the principal o	office of the Limited Li	iability Company is:
	<u>Principal</u>	Office Address:		Mailing Address:
	313 Oregon Street			
	Hollywood Florida 33	019		
(The Limit	III - Registered Ager ed Liability Company of siness entity with an ac	annot serve as its owr	Registered Agent. Yo	s Signature: ou must designate an individual or
The name	and the Florida street ac	dress of the registere	d agent are:	
		Mariella Sosa		
			Name	
		313 Oregon Street		
		Florida street addres	ss (P.O. Box NOT acce	eptable)
		Hollywood	Florida	33019
		City	State	Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

15 AUG 21 AM 11:50

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Mariella Sosa
	313 Oregon Street
	Hollywood, Florida 33019
AMBR	Siddartha Betancourt
· · · · · · · · · · · · · · · · · · ·	218 NW 12 Ave. Apt 708
	Miami, Fla. 33128
AMBR	Jenny Suarez
	3215 N Ocean Dr.
	Hollywood, Fl. 33019
(Use attachment if necessary) ICLE V: Effective date, if other than the date	e of filing: (OPTIONAL)
	pecific and cannot be more than five business days prior to or 90 days aft
	meet the applicable statutory filing requirements, this date will not be liste
locument's effective date on the Department	of State's records.
ICLE VI: Other provisions, if any.	
TCLE VI. Outer provisions, it any.	
-	

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Siddartha Betancourt

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)