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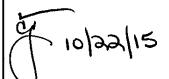
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	Registration Section Division of Corporations	_	
CHERTE	SEBRIE STUDIO LLC		
SUBJEC		nited Liability Company	
The encl	losed Articles of Organization and fee(s) are	e submitted for filing.	
Please re	eturn all correspondence concerning this mat	tter to the following:	
	KARIN D. MIKLUHA AND KARI R.	MIKLUHA	
		Name of Person	
	SEBRIE STUDIO LLC		
		Firm/Company	
	4959 N TEE PEE LANE		
		Address	
	LAS VEGAS NV 89149		
	Cirkarin.mikluha@gmail.com	ity/State and Zip Code	
	E-mail address: (to be used f	for future annual report notification)	
For further	er information concerning this matter, please	call:	
	Karin Mikluha 703	659-4123	
		rea Code Daytime Telephone Number	
Enclosed	d is a check for the following amount:		
	Filing Fee \$\ \bigsiz \\$130.00 Filing Fee & \ \Bigsiz\$	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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 Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

			_			
A	RT	ICT.	ж.	Ι-	Nα	me:

The name of the Limited Liability Company is:

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SEBRIE STUDIO LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRETARY OF STATE

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: Mailing Address: 4959 NORTH TEE PEE LANE 4959 NORTH TEE PEE LANE LAS VEGAS NV 89149 LAS VEGAS NV 89149

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

REGISTER	D AGENTS IN	IC.
	Name	
	cky Point Dr.,	
Florida street address	, FL 33607	acceptable)
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..

Bill Havre/Secretary/Registered Agents Inc.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
'MGR" = Manager	VARIN BENG HULANI MIZI TULA
AMBR	KARIN REIJO JUHANI MIKLUHA
	4959 NORTH TEE PEE LANE
	LAS VEGAS NV 89149
AMBR	KARIN DELPHINE MIKLUHA
	4959 NORTH TEE PEE LANE
	LAS VEGAS NV 89149
CV: Effective date, if other than the ctive date is listed, the date must leftling.)	date of filing: (OPTIONAL) ne specific and cannot be more than five business days prior to or 90 or
ctive date is listed, the date must If filing.) the date inserted in this block does thent's effective date on the Departs EVI: Other provisions, if any.	not meet the applicable statutory filing requirements, this date will not nent of State's records.
EV: Effective date, if other than the ctive date is listed, the date must less filling.) the date inserted in this block does thent's effective date on the Department of the	not meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the ctive date is listed, the date must less filing.) he date inserted in this block does nent's effective date on the Department's Other provisions, if any. REOUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will not nent of State's records.
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ARTICLE IV-

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