Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160000624303)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

Fax Number : (323)962-8690

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			
CINGLE	MUULESS.			

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## FLORIDA LIMITED LIABILITY CO.

# Rise Theatrical Productions, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$155.00

x 03/11/16

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Corporate Filing Menu

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	CO	VER LETTER	
TO: Registration Division of	n Section Corporations		
SUBJECT: Rise T	heatrical Productions, LLC Name of Lir	nited Liability Company	
The enclosed Articles	s of Organization and fee(s) a	re submitted for filing.	
Please return all corre	espondence concerning this m	natter to the following:	
Cheven	ne Moselev	Name of Person	
<u>LegalZo</u>	om.com, Inc.	Firm/Company	
<u>100 W E</u>	Broadway. Sulte 100	Address	
Glendale	e. CA 91210	City/State and Zip Code	
onlinefilings@l	egalzoom com	d for future annual report notifica	ntion)
For further information	on concerning this matter, ple	ase call:	
Chevenne Moseley Na	at ( :	323 <u>962-8600 ext 762</u> Area Code <u>Daytime Te</u>	25 Icphone Number
Enclosed is a check f	or the following amount:		
□ \$125.00 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)

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Rise Theatrical Productions. I	LC		
(Must end v	with the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")	
RTICLE II - Address: he mailing address and street ad	Idress of the principal	office of the Limited Liability Company is:	
rincipal Office Address:		Mailing Address:	
116 Corvina Dr. Davenport, FL 33897			
The Limited Liability Company nother business entity with an a	cannot serve as its ov ctive I lorida registrat		
9 9	cannot serve as its ov ctive I lorida registrat	vn Registered Agent. You must designate an individution.)	
The Limited Liability Company nother business entity with an a he name and the Florida street a	cannot serve as its ov ctive I lorida registrat	vn Registered Agent. You must designate an individu ion.) ed agent are: Agents, Inc.	
The Limited Liability Company nother business entity with an a the name and the Florida street a Limited S	cannot serve as its over ctive I lorida registral address of the register States Corporation	vn Registered Agent. You must designate an individuion.) ed agent are: Agents, Inc. ne	
The Limited Liability Company nother business entity with an a the name and the Florida street a Limited S	cannot serve as its over ctive Florida registral address of the register States Corporation A Nati	vn Registered Agent. You must designate an individuion.) ed agent are: Agents, Inc. ne	

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)

Charana Maraine Hallard States Comercian America in

Cheyenne Moseley, United States Corporation Agents, Inc.

(CONTINUED)

Page 1 of 2

14/3/29 - SEC. 2025 10/80

<u>litle:</u>	Name and Address:
AMBR" = Authorized Member	•
MGR* = Manager	
AMBR	GymCrew, LLC
	1116 Corvina Dr.
	Davenport, FL 33897
AMBR	Jolene Worley
	1116 Corvina Dr. Davenport, FL 33897
	Davenport, FL 33897
AMBR	Shayla Worley
MILLER I I	1116 Corvina Dr.
	Davenport, FL 33897
AMBR	Firas Alsayved
	1116 Corvina Dr.
	7779 03/11/12 217
	Davenport, FL 33897
V: Effective date, if other than the date date is listed, the date must be filing.)	Davenport, FL 33897  late of filing:
Use attachment if necessary)  V: Effective date, if other than the detive date is listed, the date must be filling.)  VI: Other provisions, if any.	Davenport, FL 33897
V: Effective date, if other than the detive date is listed, the date must be filling.)	Davenport, FL 33897
V: Effective date, if other than the detive date is listed, the date must be filling.) VI: Other provisions, if any.	Davenport, FL 33897
CV: Effective date, if other than the detive date is listed, the date must be filling.)  CVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in	Davenport, FL 33897

Page 2 of 2

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)

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### Attachment to

# Articles of Organization for Rise Theatrical Productions, LLC

Additional members of the Limited Liability Company are:

Name of Member	Address
Tiffany Lamwatt	1116 Corvina Dr., Davenport, FL 33897
Amin Abdullah-Simmons	1116 Corvina Dr., Davenport, FL 33897
Ernesto Borges	1116 Corvina Dr., Davenport, FL 33897
Juan Liobet	1116 Corvina Dr., Davenport, FL 33897
Felix Betancourt	1116 Corvina Dr., Davenport, FL 33897
Mariela Cortes	1116 Corvina Dr., Davenport, FL 33897
Ryan Scott	1116 Corvina Dr., Davenport, FL 33897
Fatimah Abdullah-Simmons	1116 Corvina Dr., Davenport, FL 33897
Jeffrey Brown	1116 Corvina Dr., Davenport, FL 33897