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(Re	questor's Name)	
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(City	y/State/Zip/Phone	<i>⊋#</i>)
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TALLAHASSEE FLORIDA

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COVER LETTER

	gistration Section Original Conference of Corporations
SUBJECT:	Ainsley Theatres LLC
SUBJECT.	Name of Limited Liability Company
The enclosed	d Articles of Organization and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
1	Douglas D. Roj
-	Name of Person
	Ainsley Theatres
-	Firm/Company
•	9205 Tibet Pointe Circle
-	Address
1	Windermere, FL 34786
ro	City/State and Zip Code jdoug@gmail.com
	E-mail address: (to be used for future annual report notification)
For further inf	ormation concerning this matter, please call:
E	Oouglas D. Roj 216 337-6571
	Name of Person Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:
]\$12 5.00 Fili	S130.00 Filing Fee & S160.00 Filing Fee, Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate 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

04-06-16

Douglas Durham Roj

9205 Tibet Pointe Circle Windermere, FL 34786

(216) 337-6571

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ainsley Theatres L (Must en	LC d with the words "Limite	d Liability Compan	y, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street	address of the principal	office of the Limited	1 Liability Company is:		
Princi	ipal Office Address:		Mailing Address:		
9205 Tibet Pointe			5 Tibet Pointe Circle		
Windermere, FL 34	1786	Wir	ndermere, FL 34786		
another business entity with ar	C	on.)		PR 13	Empiritaria Culturation
The name and the Florida stree	Douglas D. Roj	d agent are:	्रा हा ज	PH I	
The name and the Florida stree	Douglas D. Roj	Name		PH I: 14	i see face
The name and the Florida stree	-	Name ircle	Cccptable)	PH I: IL	i see face
The name and the Florida stree	Douglas D. Roj 9205 Tibet Pointe C	Name ircle	ecceptable)	PH 1: 14	i see face
The name and the Florida stree	Douglas D. Roj 9205 Tibet Pointe C Florida street addres	Name ircle ss (P.O. Box <u>NOT</u> a	acceptable)	PH I: IL	i nochec S

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Develop D. Bol
MGR	Douglas D. Roj 9205 Tibet Pointe Circle
	Windermere, FL 34786
	windermere, FL 34780
	20
	<u> </u>
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a effective date is listed, the date must be specifiate of filing.) If the date inserted in this block does not mee ocument's effective date on the Department of !	t the applicable statutory filing requirements, this date will not be liste
ICLE V: Effective date, if other than the date of a effective date is listed, the date must be specifiate of filing.) 1. If the date inserted in this block does not mee	fic and cannot be more than five business days prior to or 90 days af at the applicable statutory filing requirements, this date will not be liste
ICLE V: Effective date, if other than the date of effective date is listed, the date must be specifiate of filing.) : If the date inserted in this block does not mee ocument's effective date on the Department of S	fic and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed
CI.E V: Effective date, if other than the date of effective date is listed, the date must be specificate of filing.) Elif the date inserted in this block does not meeocument's effective date on the Department of SCLE VI: Other provisions, if any. REQUIRED SIGNATURE:	Fic and cannot be more than five business days prior to or 90 days af set the applicable statutory filing requirements, this date will not be lister State's records. 4-6-16
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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)