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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.

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Electronic Filing Cover Sheet



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Division of Corporations

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019

: (305)552-5973

Fax Number

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

Email	Address:_		

FLORIDA LIMITED LIABILITY CO. MINDIOLA PRODUCTIONS LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

H16000167587.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE 1 - Name:
The name of the Limited Liability Company is:
MINDION PRODUCTIONS LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
(mass one with the words Limited Lingling Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
8951 NW 109ct Unit #1002
DORAL, FL. 33.178.
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:
FERNANDO MANDIOLA
Name
B951 NW 109ct what 1002 Florida street address (P.O. Box NOT acceptable)
PORAL FL 33178
City FL 33178
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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

\$ECRETARY OF STATE 8 LAHASSEE, FLORID 75 4 1 6 0 0 0 1 6 75

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Title; "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	FERNANDO MINDIOLA 8951 NW 109 CT UNIT 100
•	8951 NW 109 CT UNIT 100
	DORAL TL 331.78
(Use attachment if necessary)	
fective date is listed, the date must be	date of filing:
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