

9/6/2016

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.
Account Number : 076624003448
Phone : (305)444-6226
Fax Number : (305)442-4829

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

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FLORIDA LIMITED LIABILITY CO.
GONFI ASSETS, LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION
OF
GONFI ASSETS, LLC

The undersigned members to these Articles of Organization hereby associate themselves together to form a Limited Liability Company under the laws of the State of Florida.

ARTICLE I
NAME

The name of this Limited Liability Company is: GONFI ASSETS, LLC.

ARTICLE II
GENERAL NATURE OF BUSINESS

The Limited Liability Company may engage in the production, editing, distribution and marketing of films, short films and other audiovisual materials, and may also engage in any other activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III
TERM OF EXISTENCE

This Limited Liability Company is to exist perpetually. The Limited Liability Company's business will continue without regard to the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE IV
PRINCIPAL OFFICE AND MAILING ADDRESS

The principal office of this Limited Liability Company in the State of Florida is 2100 SALZEDO STREET, SUITE 201, CORAL GABLES, FL 33134. The mailing address of this Limited Liability Company is 3245 NE 184TH ST, APT 13305, AVENTURA, FL 33160. The Board of Managers may from time to time move the principal office to another address in Florida.

ARTICLE V
REGISTERED OFFICE, REGISTERED AGENT

That GONFI ASSETS, LLC, desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the County of Miami-Dade, State of Florida, hereby designates ARAZOZA & FERNANDEZ-FRAGA P.A., as its Registered Agent, to accept services within the State. The registered office of the corporation shall be 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134.

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ARTICLE VI
MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. The initial Manager shall be:

HENRY VALMORE GONZALEZ FINOL
c/o 2100 SALZEDO STREET, SUITE 201
CORAL GABLES, FL 33134

WITNESS the hand and seal of the Authorized Person in Miami, Dade County, Florida, the 6th day of September, 2016

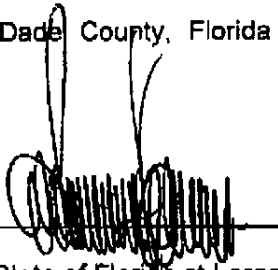

Carlos F. Arazoza
Authorized Person

STATE OF FLORIDA)
) ss:
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this 6th day September, 2016, by Carlos F. Arazoza, who is personally known to me.

WITNESS my hand and seal at Coral Gables, Miami-Dade County, Florida the 6th day September, 2016.





Laura Kohn
Notary Public, State of Florida at Large

My commission expires:

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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF
PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

In compliance with Section 48.091, Florida statutes, the following is submitted:

FIRST: That GONFI ASSETS, LLC, desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Miami-Dade, State of Florida, has named Arazoza & Fernandez-Fraga P.A. as its Agent, of 2100 Salzedo Street, Suite 300, Coral Gables, FL 33134, to accept service of process within Florida.

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

The Registered Agent

Arazoza & Fernandez-Fraga P.A.

By: _____

Carlos F. Arazoza
Director

Date: September 16, 2016

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