## 11860100011

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	<del>e #)</del>
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Elling Officer	
Special instructions to	rlling Officer.	





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FILED

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Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 287446 **AUTHORIZATION:** COST LIMIT : ORDER DATE: September 12, 2016 ORDER TIME : 1:09 PM ORDER NO. : 287446-005 CUSTOMER NO: 8044325 DOMESTIC FILING NAME: EASTMAN ENTERTAINMENT, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION \_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

\_\_\_ CERTIFIED COPY
PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

1201 Hays Street

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

4: 47

ARTICLE 1 - Name:				FILED
The name of the Limited Liabilit	ry Company is:			16 SEP 12 PH
EASTMAN EN	TERTAINMENT, LLC			The state of the s
(Must end	with the words "Limited Liabi	lity Compan	y, "L.L.C.," or "LLC."	<del>)</del>
ARTICLE II - Address: The mailing address and street ad	ddress of the principal office o	of the Limited	l Liability Company is	:
Princip	al Office Address:		Mailing A	ddress:
EASTMAN EQ	UITY HOLDING LLC	Pı	rager Metis c/o Cra	ig Michaelson, CPA
615 9th St N. ST PETERSBU	RG, FL 33701	14	Pennsylvania Plaz ew York, NY 10122	za Suite 1800
The name and the Florida street	CORPORATION S Nam	ERVICE (	COMPANY	-
	1201 Hays Street			
	Florida street address (P.O	. Box NOT	acceptable)	_
	Tallahassee, FL 323	01		_
	City	State	Zip	
Having been named as registered of place designated in this certificate, further agree to comply with the pram familiar with and accept the ob	I hereby accept the appointme ovisions of all statutes relating	nt as register to the prope	red agent and agree to r and complete perforn	act in this capacity. I nance of my duties, and I opter 605, F.S
	$\mathcal{O}$			Courtney Williams Asst. Vice President
	Registered A	gent's Signa	ture (REQUIRED)	
	СО	NTINUED)		
		Page 1 of 2		

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	EASTMAN EQUITY HOLDING LLC
	615 9th St N.
	ST PETERSBURG, FL 33701
<del></del>	
(Use attachment if necessary)	
EV: Effective date, if other than the date of filing:	(OPTIONAL)
nent's effective date on the Department of State's	applicable statutory filing requirements, this date will no s records.
nent's effective date on the Department of State's E VI: Other provisions, if any.	
nent's effective date on the Department of State's E VI: Other provisions, if any.	
ment's effective date on the Department of State's  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  /s/ Craig Michaelson	s records.
REQUIRED SIGNATURE:  /s/ Craig Michaelson Signature of a member or This document is executed in acc	an authorized representative of a member, cordance with section 605.0203 (1) (b), Florida Statutes, tion submitted in a document to the Department of State
REQUIRED SIGNATURE:  /s/ Craig Michaelson  Signature of a member or This document is executed in acc I am aware that any false informations at third degree felony a	an authorized representative of a member, cordance with section 605.0203 (1) (b), Florida Statutes, tion submitted in a document to the Department of State
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