L16000193984

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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C. GOLDEN 0CT 21 2016



SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive
Tallahassee, Florida 32312
(850) 656-4724
SUNSHINECORPORATE2014@GMAIL.COM

Date: 10-2(-16	****
ENTITY NAME:	
ROMAN FILMS LLC	-
PLEASE FILE THE ATTACHED AND RETURN:	•
Plain Copy	
Certified Copy	
	
PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:	
Document Number:	
Certified Copy of Arts & Amendments	
Certificate of Good Standing	
APOSTILLE'/NOTARIAL CERTIFICATION:	
COUNTRY OF DESTINATION	
NUMBER OF CERTIFICATES REQUESTED	_
TOTAL AMOUNT OWED: 125	
CHECK NUMBER: 2017 PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.	
Thank you!	
Tina Goff, President	n, tu,

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				12 (1 (1 this
The name of the Limited Liabili	ty Company is:			16 JONES 1 17 6 27
Roman Films LLC			W. J. G. N W. J. G. W.	
(Must end	with the words "Limited	Liability Con	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal of	ffice of the Li	nited Liability Company is:	
Princip	al Office Address:		Mailing Address:	
20670 Bay Brooke C	Court		c/o Siren Business Mgmt LLC	
Boca Raton, FL 334	98		141 N. Hamilton Drive #C	
			Beverly Hills, CA 90211	
The name and the Florida street	United Corporate Ser 9200 South Dadeland Florida street address	vices, Inc. Name Blvd., Ste. 50		
	Miami, FL 33156			
	City	State	Zip	
place designated in this certificate, further agree to comply with th <mark>e</mark> pr	I hereby accept the appo ovisions of all statutes rel ligations of my position a Register	intment as reg lating to the pr s registered as red Agent's S	or the above stated limited liability consistered agent and agree to act in this roper and complete performance of the sent as provided for in Chapter 605, agent as provided for in Chapter 605, agent as provided for in Chapter 605, agent are (REQUIRED). In the Corporate Services, Inc.	s capacity. I ny duties, and I F.S
		(,	

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Alex Roman
	20670 Bay Brooke Court
	Boca Raton, FL 33498
	
(Use attachment if necessary) LE V: Effective date, if other than the date of fective date is listed, the date must be sne	of filing: (OPTIONAL)
LEV: Effective date, if other than the date of fective date is listed, the date must be speed of filing.) If the date inserted in this block does not mument's effective date on the Department of	cific and cannot be more than five business days prior to or eet the applicable statutory filing requirements, this date will
LE V: Effective date, if other than the date of fective date is listed, the date must be speed of filing.) If the date inserted in this block does not me	cific and cannot be more than five business days prior to or eet the applicable statutory filing requirements, this date will
LE V: Effective date, if other than the date of ffective date is listed, the date must be speed of filing.) If the date inserted in this block does not mument's effective date on the Department of LE VI: Other provisions, if any. RECURED SHINATURE:	eet the applicable statutory filing requirements, this date will f State's records.
LE V: Effective date, if other than the date of ffective date is listed, the date must be speed of filing.) If the date inserted in this block does not mument's effective date on the Department of LE VI: Other provisions, if any. RECURRED SHANATURE: Signature of a many false that any false	cific and cannot be more than five business days prior to or eet the applicable statutory filing requirements, this date will f State's records.
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LE V: Effective date, if other than the date of ffective date is listed, the date must be speed of filing.) If the date inserted in this block does not mument's effective date on the Department of LE VI: Other provisions, if any. RECLURED SHANATURE: Signature of a many false constitutes a third degree	eet the applicable statutory filing requirements, this date will f State's records. Comber or an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Plorida Statutes, a information submitted in a document to the Department of State or follows as provided for in x.817.155, F.S.

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