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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bı	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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C. GOLDEN

DEC 1 2 2016

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

1110110. 030 330 1300
ACCOUNT NO. : I2000000195
REFERENCE: 398808 8044325
AUTHORIZATION : Samela al
COST LIMIT: \$ 125.00
ORDER DATE : December 9, 2016
ORDER TIME : 3:53 PM
ORDER NO. : 398808-005
CUSTOMER NO: 8044325
DOMESTIC FILING
NAME: 1111 CENTRAL, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Melissa Zender - EXT.

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

12

, atticization				Pas Pas Francisco
ARTICLE I - Name: The name of the Limited Liability	y Company is:			2016 0 EC -9 Fit 3 :
1111	Central, LLC			SECHTE DAY 6 1.17
(Must end v	with the words "Limited L	iability Company,	"L.L.C.," or "LLC.")	TALLAGESSEL U.C.
ARTICLE II - Address: The mailing address and street ad	dress of the principal offi	ce of the Limited I	Liability Company is:	
Principa	al Office Address:		Mailing Add	ress:
1111 Central Av	enue/enue		Same	
St. Petersburg, 1	FL 33701			
another business entity with an a The name and the Florida street a	address of the registered a	gent are: N SERVICE CO Name	DMPANY	
	Florida street address (ceptable)	
	TALLAHASSEE	E, FL 32301-252	5	
	City	State	Zip	
Having been named as registered a place designated in this certificate, further agree to comply with the proam familiar with and accept the obj	I hereby accept the appoir ovisions of all statutes rela	ntment as registered ting to the proper o	d agent and agree to act and complete performan	in this capacity. I ce of my duties, and I

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

"AMBR" = Authoriz "MGR" = Manager	ed Member	Name and Address:
MGR	_	Eastman Entertainment, LLC 615 - 9th Street N. St. Petersburg, FL 33701
	_	
	_	
(Use attachment if ne	cessary)	
If an effective date is listed, t he date of filing.)	he date must be specific and his block does not meet the a	. (OPTIONAL) I cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as
	on the Department of State's	s records.
he document's effective date	•	s records.
he document's effective date	•	s records.
he document's effective date	ns, if any.	s records.
he document's effective date RTICLE VI: Other provision	ATURE: /s/Jonat	han Daou
REOUIRED SIGNA This	ATURE: /s/Jonat Signature of a member or document is executed in accaware that any false informa	
REOUIRED SIGNA This	ATURE: /s/Jonat Signature of a member or document is executed in acc aware that any false informa titutes a third degree felony a Jonathan Daou,	chan Daou 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 as provided for in s.817.155, F.S.

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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)