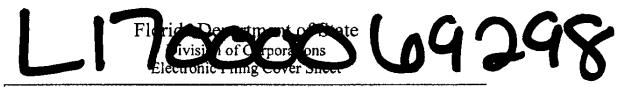
Division of Corporations

Page 1 of 1



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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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353 : (800)221-2972 Phone Fax Number : (888) 692-9256

\*\*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. STRIVE PRODUCTIONS LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 1        |
| Page Count            | 02       |
| Estimated Charge      | \$155.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

MAR 2 9 2017

K. Brumbley

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: STRIVE PRODUCTIONS LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE 11 - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 326 NW 102ND ST 326 NW 102ND ST MIAMI, FL 33150 MIAMI, FL 33150 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: **BRITTANY GILBERT** Name

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..

Florida street address (P.O. Box NOT acceptable)

State

326 NW 102ND ST

City

MIAMI

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

17 HAR 28 AH II: 36

| 4 5171 135   | R" = Authorized Member   | Name and Address:  |
|--|--|--|
|  | = Manager  |  |
| AMBR   |  | BRITTANY GILBERT   |
|  |  | 326 NW 102ND ST<br>MIAMI, FL 33150   |
|  |  | MIAMI, FL 33130  |
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| effective da   | te is listed, the date must be   | specific and cannot be more than five business days prior to or 90 days after  |
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| effective da<br>te of filing.)<br>If the date<br>cument's ef               | te is listed, the date must be   | specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed   |
| effective da<br>e of filing.)<br>If the date<br>current's ef<br>CLE VI: Ot | te is listed, the date must be a inserted in this block does not fective date on the Department  | specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed not State's records.  |
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| effective da<br>te of filing.)<br>If the date<br>cument's ef               | inserted in this block does not ffective date on the Department her provisions, if any.  Signature of a many this document is exectly am aware that any fall | meet the applicable statutory filing requirements, this date will not be listed at of State's records.  Libert  member or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S. |

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)