**Division of Corporations Electronic Filing Cover Sheet** 

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.

(((H17000146647 3)))



H170001466473ABC3

Note: DÓ NÓT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone

: (305)552-5973

Fax Number

Email Address:\_

: (305)675-5944

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

: 59	CIAL CIAL ICES
<u>:</u>	No.
-1-	1.4
ā.	-1//
	3#
$\langle \cdot \rangle$	75
<u></u>	급표
	466
1	سباد <u>د د مر</u> م ر
<b> </b>	, <u>25 1</u>

FLORIDA LIMITED LIABILITY CO. TWO X TWO PRODUCTIONS LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

3052201440

H17000146647

ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is: (Must end with the words Limited Liability Company, "LLC," or "LLC.")  Two & Two Proboctions LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:  HHOS SOO WOOM AVE \$100  MIRAMAR, FL, 330027
ARTICLE III - Registered Agent, Registered Office:  The name and the Florida street address of the registered agent are: (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.)
YOVANA MARTINES 4465 SW 160 Th AVE # 102 Miramar FL 33027
The name and title of each person authorized to manage and control the Limited Liability Company:
YOVANA MARTINEZ (AMBR)
ALLTONIO D. CORTES (AMBR) ZE =
FORICA CORTES (AMBR)
JORGE L. ALVARES (AMBR)

You Axir LEOR JORG Page 1 of 2 H170001 666

H17000146647

## Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

OVANA MARTINES

Typed or printed name of signee

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 605/7.5..

Registered Agent's Signature (REQUIRED)