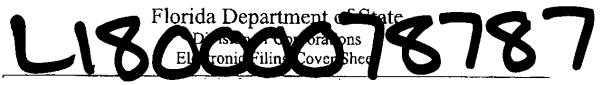
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Division of Corporations

Fax Number : (850)617-6381

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## FLORIDA LIMITED LIABILITY CO. t2Media & Entertainment, LLC

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## H18000100698

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

t2Media & Entertai					
(Must con	ntain the words "Limite	d Liability Compa	y, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street	address of the principal	office of the Limi	ed Liability Company is:		
<u>Princi</u>	pal Office Address:		Mailing Address:		
David J. Schottenfe		r	avid J. Schottenfeld, P.A.		
	10				
7520 NW 5 St., #20			520 NW 5 St., #203		
Plantation, FL 333  ARTICLE III - Registered At (The Limited Liability Compan	ent, Registered Office y cannot serve as its ow	P. & Registered Ager	20 NW 5 St., #203 antation, FL 33317 gent's Signature: L. You must designate an individual or	. 2	
Plantation, FL 333  ARTICLE III - Registered A	gent, Registered Office by cannot serve as its own active Plorida registrate t address of the registere	Registered Ager ion.)	antation, FL 33317	2018 KAR 2	****
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Plantation, FL 333  ARTICLE III - Registered At (The Limited Liability Compan another business entity with an	gent, Registered Office by cannot serve as its own active Florida registrate t address of the registered David J. Schottenfe	Registered Agerion.) ed agent are:  Id, Esq.  Name	ent's Signature:  1. You must designate an individual or	29 AH 9: (	****

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

ARTICLE IV-

## H18000100698

"AVMRP" = Authorized Vac-t	Name and Address:
'AMBR" = Authorized Mcmber 'MGR" = Manager	
AMBR	0. 1
THE STATE OF THE S	Stephen Padveen
	5615 Melling Ave.
•	Montreal, Quebec, Canada H4W 2C1
AMBR	Susan Rakita
	5615 Melling Ave.
	Montreal, Quebec, Canada H4W 2C1
AMBR	Ken McCormack
<del></del> ,	439 Chemin Mont Catherine
	St. Agatho, Quebec, Canada J8C 3T8
MAD	
MBR	Corey Padveen
	3777 Cote des Neiges, #118
	Montreal, Quebec, Canada H3H IV8
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	ecific and cannot be more than five business days prior to or 9
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V: Effective date, if other than the date tive date is listed, the date must be apfiling.) the date inserted in this block does not remain's effective date on the Department vi: Other provisions, if any.  COUIRED SIGNATURE:  Signature of a me This document is executed.	meet the applicable statutory filing requirements, this date will not state's records.
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