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(Requestor's Name)						
(Address)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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2018 APR 13 AND 57

FILED 18 APR 13 PH 12:5 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 160422 7387140

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : April 12, 2018

ORDER TIME : 9:24 AM

ORDER NO. : 160422-005

CUSTOMER NO: 7387140

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### DOMESTIC FILING

NAME: REEFA PRODUCTIONS, LLC

### EFFECTIVE DATE:

	ARTICLES OF INCORPORATION					
	CERTIFICATE OF LIMITED PARTNERSHIP	ž.				
XX ARTICLES OF ORGANIZATION						
PLEASE	RETURN THE FOLLOWING AS PROOF OF FILING:	71 F. T.				
	CERTIFIED COPY	-⊈1. 11 p				
XX PLAIN STAMPED COPY						
	CERTIFICATE OF GOOD STANDING	·· '				
		*				
CONTACT	PERSON: Roxanne Turner - EXT.	سے ہے۔ 11ر				

EXAMINER'S INITIALS:

## **COVER LETTER**

	New Filing Section Division of Corporations								
SUBJECT	Reefa Productions, LLC								
SUBJEC.	T:Name of Limited Liability Company								
The enclo	osed Articles of Organization and fee(s) are submitted for filing.								
Please ret	turn all correspondence concerning this matter to the following:								
	Glenn D. Felg, Esq.								
	Name of Person								
	Reder & Feig LLP								
	Firm/Company								
	10474 Santa Monica Blvd., Ste 401								
	Address								
	Los Angeles, CA 90025								
	City/State and Zip Code fparq@rfllp.com								
	E-mail address: (to be used for future annual report notification)								
For further	information concerning this matter, please call:								
	Mandy Blandford 310 789-4770								
	Name of Person Area Code Daytime Telephone Number								
Enclosed	is a check for the following amount:								
\$125.00 F	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}								
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	7							

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE		_			
The name of	of the Limited Liability	y Company is:			
	Reefa Productions,	LTC			<del></del>
	(Must contr	in the words "Limited	Liability Compa	ny, "L.L.C.," or "LLC.")	
ADTICIE	II - Address:				
		dress of the principal o	ffice of the Limi	ited Liability Company is:	rest &
	-	•			
	Principa	l Office Address:		Mailing Add	ress:
	4040 NE 2nd Ave.	Suite 304	4	1040 NE 2nd Ave. Suite 3	04
	Miarni, FL 33137			Miami, FL 33137	
	<del></del>	<del></del>	<del></del> _		
A DATE OF E	MI Donistana Asa	me Damietamed Office	6. Danistanud A	annela Ciamotomes	
		nt, Registered Office,		gent soignature: nt. You must designate an in	dividual or
		ctive Florida registratio		22 104 mas 400 game 11 4.	
	•		•		
The name a	and the Florida street a	iddress of the registered	i agent are:		
		Corporation Servic	e Company		
		COIPORABOTI COI VIC	Name		
		1201 Hays Street			
		Florida street addres	s (P.O. Box <u>NQ</u>	T acceptable)	
		Tallahassee	FL_	32301	
		City	State	Zip	
				-	
				the above stated limited liab	
				stered agent and agree to act oper and complete performan	
am familiar	with and accept the ob	ligations of my position	as registered age	ent as provided for in Chapte	r 605, F.S
<del>-</del>	•	Corporation Servi		<u>~</u>	Roxanne Turner
		1/14	CON HO	Duna	Asst. Vice President
		By COY	with the	ACCIUDED)	- work Floor Flooring Fit
		Kegisi	ered Agent's Sig	mature (REQUIRED)	
			(CONTINUE	D)	
					<b>产級 6</b>
					T AHR
					一 岩田 🏞 🚅

Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR/MGR George Perez AMBR/MGR Jessica Kavana 500 AMBR/MGR Alejandro Suava AMBR/MGR Ed Arenas (Use attachment if necessary) (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. **REQUIRED SIGNATURE:** Signature of a member of an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. yped or printed name of signee 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)

The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-