3/1/2019

## Division of Corporations

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 :: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*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.

Content Stadium Americas, LLC

Certificate of Status	U
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Content Stadium Americas, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
---------------------------

Mailing Address:

4640 NW 79th Avenue, Apt. 2D Miami, FL 33166

4640 NW 79th Avenue, Apt. 2D

Miami, FL 33166

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:

CT Corporation System

Name

1200 South Pine Island Road

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

Plantation. Florida 33324 City State Zip

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. Thereby 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..

By: Nathan Giffin Nathan Giffin, Assistant Secretary,
Regulated Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:	
"AMBR" > Authorized Member	Change and Sunfesses	
"MGR" = Manager	1	
MGR	Jasper Swetheim	
	Vlicetuiestraat 28	
	1059 CL Amsterdam	
	1039 CE Amaterdam	
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