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| ☐ PICK-UP | ☐ WAIT | ☐ MAIL |
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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

New Filing Section Division of Corporations

TO:

| SUBJECT: Cur Video Desartment, LLC Name of Limited Liability Company | | | |
|--|--|--|--|
| The enclosed Articles of Organization and fee(s) are submitted for filing. | | | |
| Please return all correspondence concerning this matter to the following: | | | |
| Lawrence M. Becker, Ir. Name of Person | | | |
| Firm/Company | | | |
| 4108 Gren Garry Rd. E | | | |
| Lakeland FL 33813 City/State and Zip Code Larry & LBecker. Com E-mail address: (to be used for future annual report notification) | | | |
| E-mail address: (to be used for future annual report notification) | | | |
| For further information concerning this matter, please call: | | | |
| Lowrence Becker at (813) 478-4683 Name of Person Area Code Daytime Telephone Number | | | |
| Enclosed is a check for the following amount: | | | |
| \$125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) | | | |
| Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301 | | | |

$ARTICLES\,OF\,ORGANIZATION\,FOR\,FLORIDA\,LIMITED\,LIABILITY\,COMPANY$

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

| Our Vid | eo Departru he words "Limited Liability Comp | any. "L.L.C" or "LL.C.") | |
|---|---|---|---------------------------------|
| ARTICLE II - Address: The mailing address and street address | ss of the principal office of the Lir | nited Liability Company is: | |
| | ffice Address: | Mailing Address: | |
| 4108 Crien Lakeland, | Garry Rd. E. = 33813 | 4108 Flen Go Lakerand FL | irry Rd. |
| another business entity with an activ | not serve as its own Registered Ag e Florida registration.) | gent. You must designate an individua | |
| The name and the Florida street addr | ess of the registered agent are: | | 19 19 |
| _ | Lawrence 1 | 1. Becker, Jr. | APR 15 M |
| <u>.</u> | HO 8 Olen (Porida street address (P.O. Box N | tarry Rd E. OTacceptable) | |
| <u>. 1</u> | akeland F City State | A, Becker, Jr. Rd. E. OT acceptable) L 338(3) Zip Tor the above stated limited liability con | 0.00A |
| Having been named as registered agen place designated in this certificate. I he further agree to comply with the provis am familiar with and accept the obliga | reby accept the appointment as regions of all statutes relating to the p tions of my position as registered a | gistered agent and agree to act in this c roper and complete performance of m | capacity - 1 y duties, and l |

(CONTINUED)

| The name and address of each person a | authorized to manage and control the Limited Liability Company: | | |
|--|---|--|--|
| Title: | Name and Address: Lawrence / 1. Becker Jr. 4108 Glen Garry Rd. E! Lakeland, FL 33813 | | |
| "AMBR" = Authorized Member "MGR" = Manager | | | |
| | 19 APR II | | |
| | | | |
| (Use attachment if necessary) ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be | ate of filing: <u>filing date</u> (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after | | |
| the date of filing.) | ot meet the applicable statutory filing requirements, this date will not be listed a | | |
| ARTICLE VI: Other provisions, if any. | | | |
| REOUIRED SIGNATURE: | member of an authorized representative of a member. | | |
| I am aware that any fa constitutes a third deg | cuted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. | | |
| Lawrence | Typed or printed name of signer | | |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)