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| PICK-UP | TIAW [| MAIL |
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| ertified Copies | Certificates | of Status |
| Special Instructions to Filing | Officer: | |
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

Section 1997

| Phone: 850-558-1500 | | | | |
|--|--|--|--|--|
| ACCOUNT NO. : I2000000195 | | | | |
| REFERENCE: 878566 8010487 | | | | |
| AUTHORIZATION : | | | | |
| COST LIMIT: \$ 175.00 | | | | |
| ORDER DATE : August 12, 2019 | | | | |
| ORDER TIME : 9:27 AM | | | | |
| ORDER NO. : 878566-005 | | | | |
| CUSTOMER NO: 8010487 | | | | |
| | | | | |
| DOMESTIC FILING | | | | |
| NAME: RALLY POINT PRODUCTIONS, LLC | | | | |
| | | | | |
| EFFECTIVE DATE: | | | | |
| ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING | | | | |
| CONTACT PERSON: Roxanne Turner - EXT. | | | | |

EXAMINER'S INITIALS:

COVER LETTER

| | ew Filing Section ivision of Corporations | | | | |
|----------------|---|-------------------|---|--|--|
| SUBJECT | Rally Point Productions, LLC | | | | |
| SOBJECT | Name of Limited Liability Company | | | | |
| The enclose | ed Articles of Organization and fee | (s) are submitted | d for filing. | | |
| Please retu | m all correspondence concerning th | is matter to the | following: | | |
| | Mark Semos | | | | |
| | | Name o | f Person | | |
| | | Firm/C | ompany | | |
| | c/o RJR, 150 West Flagler Street, Suite 1675 Address | | | | |
| | | | | | |
| | Miami, FL 33130 | | | | |
| t | ara@thereservelabel.com | City/State a | nd Zip Code | | |
| - | E-mail address: (to be | used for future | annual report notification) | | |
| For further in | formation concerning this matter, p | olease call: | | | |
| | Mark Semos | 310 u (| 920-6900 | | |
| | Name of Person | Area Code | Daytime Telephone Number | | |
| Enclosed is | a check for the following amount: | | | | |
| \$125.00 Fi | Sing Fee \$130.00 Filing Fee Certificate of Statu | s L Certif | 00 Filing Fee & S160.00 Filing Fee. ied Copy nal copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| | Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: | | | | | | |
|--|--|--|---|--|--|--|
| | | | | | | |
| Pally Point Product | ione IIC | | | | | |
| Rally Point Productions, LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") | | | | | | |
| (:viust cont | am me words izinin | ed indontry Company | , index of fasc. | | | |
| ARTICLE II - Address: | | | | | | |
| The mailing address and street a | ddress of the principa | al office of the Limite | d Liability Company is: | | | |
| - | | | | | | |
| Principal Office Address: | | | Mailing Address: | | | |
| clo P IP | | 5/0 | ם ום | | | |
| c/o RJR 150 West Flagler Street | | | c/o RJR 150 West Flagler Street | | | |
| Miami, FL 33130 | ucci | | Miami, FL 33130 | | | |
| | | | | | | |
| | | | | | | |
| ARTICLE III - Registered Age | ent. Registered Offic | ce. & Registered Age | ent's Signature: | | | |
| ARTICLE III - Registered Age (The Limited Liability Company | | | | | | |
| | cannot serve as its o | wn Registered Agent. | ent's Signature: You must designate an individual or | | | |
| (The Limited Liability Company | cannot serve as its o | wn Registered Agent. | | | | |
| (The Limited Liability Company | cannot serve as its o active Florida registra | wn Registered Agent. ation.) | | | | |
| (The Limited Liability Company another business entity with an a | cannot serve as its o active Florida registra address of the registe | wn Registered Agent. ation.) ered agent are: | | | | |
| (The Limited Liability Company another business entity with an a | cannot serve as its o active Florida registra address of the registe | wn Registered Agent. ation.) ered agent are: eative Group, LLC | | | | |
| (The Limited Liability Company another business entity with an a | cannot serve as its o active Florida registra address of the registe | wn Registered Agent. ation.) ered agent are: | | | | |
| (The Limited Liability Company another business entity with an a | cannot serve as its of active Florida registral address of the registed. The Reserve Creen. | even Registered Agent. ation.) ared agent are: eative Group, LLC Name | | | | |
| (The Limited Liability Company another business entity with an a | cannot serve as its of active Florida registral address of the registed. The Reserve Creation 150 West Flagle. | wm Registered Agent. ation.) ered agent are: eative Group, LLC Name r Street | You must designate an individual or | | | |
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| (The Limited Liability Company another business entity with an a | r cannot serve as its of active Florida registral address of the registed. The Reserve Creen 150 West Flagler Florida street address as its of the register address of the register address and the register address as its of active a | ered agent are; eative Group, LLC Name r Street ress (P.O. Box NOT) | You must designate an individual or | | | |

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, F.S.,

The Reserve Creative Group, LLC

By Tara-Kloner (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

| Title: "AMBR" = Authorized Member | Name and Address: |
|--|--|
| "MGR" = Manager MGR | Mark Semos c/o RJR 150 West Flagler Street Miami, FL 33130 |
| | |
| | |
| (Use attachment if necessary) | |
| he date of filing.) | ing: |
| ARTICLE VI: Other provisions, if any. | |
| REQUIRED SIGNATURE: | aklenei |
| This document is executed in I am aware that any false infor | accordance with section 605.0203 (1) (b). Florida Statutes, rmation submitted in a document to the Department of State my as provided for in s.817.155. F.S. |

Filing Fees:

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

TARA KLONER