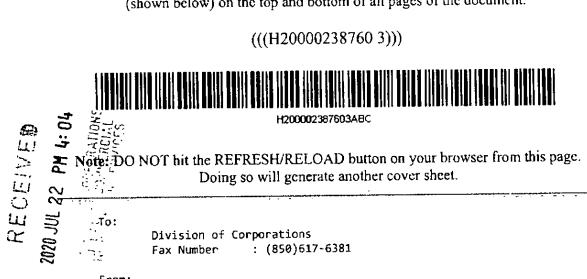
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.



From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			
FWAII	Adoress:			 

## FLORIDA LIMITED LIABILITY CO. PROPRODUCTIONMIAMI, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Proproductionmiami, LLC.	
(Must contain the words "Limited Liabi	ity Company, "L.L.C.," or "LLC.")
A PORTON DAY ( ) )	
ARTICLE II - Address: The mailing address and street address of the principal office  Principal Office Address:	of the Limited Liability Company is:  Mailing Address:
The mailing address and street address of the principal office	• •
The mailing address and street address of the principal office  Principal Office Address:	Mailing Address:

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:

	Name	
1600 NE 1st Ave, #	2502	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Miami-	FL	33132

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 505, F.S..

Registered Agent & Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	
	Sevithan Kizilarslan
•	1600 NE 1st Ave. #2502 Miami, FL 33132
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(Use attachment if necessary)	
EV: Effective date, if other than the datective date is listed, the date must be so of filing.)	nte of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 d
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Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certificate of State (Control of

\$ 5.00 Certificate of Status (Optional)