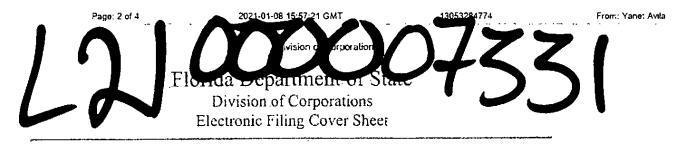
1/8/2021



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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| | Account Name | : EXPRESS CORPORATE FILING SERVICE INC. |
| | Account Number | : 12000000146 |
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FLORIDA LIMITED LIABILITY CO. STUDIO WS LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |

2021 JAN -8 AM 9: 52

M. MOON Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Page: 3 of 4

STUDIO WS 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:

| 6601 S.W. 80TH STREET | 8161 S.W. 104TH STREET |
|-----------------------|------------------------|
| SUITE 202 | MIAMI, FL 33156 |
| MIAMI, FL 33143 | |

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:

PLA PETRELLI Name

8161 S.W. 104TH STREET

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

FLORIDA City 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, I hereby accept the appointment as registered agent and agree to act in this capacity 1. 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page: 4 of 4

| <u>Title:</u> "AMBR" = Authorized Membe | <u>Nume and Address:</u> r |
|---|---|
| "MGR" = Manager | |
| MGR | PIA PETREILI |
| | 8161 S.W. 104TH STREET MIAMI, FL 33156 |
| | |
| AMBR | APRIL A. PALMER |
| | T50 MAIN STREET, APT 2218 LONGMONT, CO 80501 |
| | 200100111300000 |
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| (Use attachment if necessary) LEV: Effective date, if other tha | n the date of filing: 01/06/2021 (OPTIONAL) |
| I.E.V: Effective date, if other that ffective date is listed, the date me of filing.) If the date inserted in this block comment's effective date on the De | ust be specific and cannot be more than five business days prior to or 90 da loes not meet the applicable statutory filing requirements, this date will not be |
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| CLE V: Effective date, if other that ffective date is listed, the date me of filing.) If the date inserted in this block of turnent's effective date on the Decrease of the Council State of the Decrease of | to of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes. |
| CLE V: Effective date, if other that ffective date is listed, the date me of filing.) If the date inserted in this block accument's effective date on the Decrete VI: Other provisions, if any. REQUIRED SIGNATURE: Signatur This document I am aware that | ust be specific and cannot be more than five business days prior to or 90 da loes not meet the applicable statutory filing requirements, this date will not be partment of State's records. |

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

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)