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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : JTAX CORP Account Number : 120200000009 Phone : (954)544-1000 Fax Number : (954)678-4500

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

HELLO@JTAXCORP.COM Email Address:

FLORIDA LIMITED LIABILITY CO. IC PRODUCTIONS LLC

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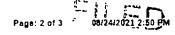
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To:

Fax: (850) 617-6381



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 AUG 24 PM 12: 27 SECRETARY OF STATE TALLAHASSEE, FL

ARTICLE I - Name:	
The name of the Limited Liability Compan	y is

IC PRODUCTIONS 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:

Prince	pal Office Address:		Mailing Address:
4721 NE 15TH TE	₹	S	AME
POMPANO BEACH	l, FL 33064		
ARTICLE III - Registered A (The Limited Liability Comparanother business entity with a The name and the Florida street	ny cannot serve as its own active Florida registration at address of the registered	n Registered Agen on.) d agent are:	gent's Signature: t. You must designate an individual or
		X CORP	
		Name	
	23123 STATE ROAD	7 STE 315	
	Florida street addres	ss (P.O. Box <u>NOT</u>	(acceptable)
	BOCA RATON	FL	33428
	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, 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

A	R	TI	C	LE	IV-
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The name and address of each person authorized to manage and control the Limited Liability Company:

	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
· ·	THE O COOLOGIC OO MACCHARATO	
AMBR	ITALO COSVOSK DO NASCIMENTO 4721 NE 15TH TER	
	POMPANO BEACH, FL 33064	
	FOMPANO BENOTI, FE SOCO	
		
	<u></u>	
(Use attachment if necessary)		
(Use attachment if necessary)		
	ate of filing: (OPTIONAL)	
RTICLE V: Effective date, if other than the da	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days	after
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Filing Fees:

NIRVANDO COLARES BATISTA

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)