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.

(((H21000389890 3)))



| To: | Division of Corporations | 60 |
|-------|--|--------------------|
| | Fax Number : (850)617-6381 | (gula |
| From: | | 1-11 |
| | Account Name : EXPRESS CORPORATE FILING SERVICE INC. Account Number : I20000000146 | |
| | Phone : (305)444-4994 Fax Number : (305)444-4977 | |
| | • • • | |
| | the email address for this business entity to be used for the email address please.* | |
| an | nual report mailings. Enter only one email address please.* | |
| an | nual report mailings. Enter only one email address please.* ail Address: FLORIDA LIMITED LIABILITY CO. | |
| an | nual report mailings. Enter only one email address please.* | |
| an | FLORIDA LIMITED LIABILITY CO. MIAMI REC STUDIO, LLC Certificate of Status | |
| an | FLORIDA LIMITED LIABILITY CO. MIAMI REC STUDIO, LLC Certificate of Status Certified Copy 1 | SECKETAN TALLAN |
| an | FLORIDA LIMITED LIABILITY CO. MIAMI REC STUDIO, LLC Certificate of Status | SECKE) |

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: MIAMIREC STUDIO, 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:

| Frincipal Office Address: | Maning Address: |
|---------------------------|-----------------------|
| 555 NE 15 STREET #19D | 555 NE 15 STREET #19D |
| MIAMI, FL 33132 | MIAMI, FL 33132 |
| | |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

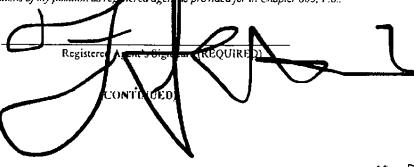
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Page: 4 of 5

| FABIAN CAMACH | 10 | |
|-----------------------|----------------------------|------------|
| | Name | |
| 555 NE 15 STREET | #19D | |
| Florida street addres | ss (P.O. Box <u>NOT</u> ac | cceptable) |
| MIAMI | FL | 33132 |
| 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 regulered ager as provided for in Chapter 605, F.S..



| Title: | Name and Address: |
|--|--|
| "AMBR" = Authorized Membe | • |
| "MGR" = Manager | |
| AMBR | FABIAN CAMACHO |
| | 555 NE 15 STREET #19D |
| | MIAMI, FL 33132 |
| MCD | FERNANDO GARCIA |
| MGR | 555 NE 15 STREET #19D |
| | MIAMI, FL 33132 |
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| E.V: Effective date, if other than ective date is listed, the date mo of filing.) | the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 da |
| ective date is listed, the date mo of filing.) 'the date inserted in this block d ment's effective date on the Dep | ist be specific and cannot be more than five business days prior to or 90 da oes not meet the applicable statutory filing requirements, this date will not be |
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| E V: Effective date, if other than ective date is listed, the date must filling.) The date inserted in this block diment's effective date on the Depter VI: Other provisions, if any. REQUIRED SIGNATURE: Signatur This document | per a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes. |
| E V: Effective date, if other than ective date is listed, the date must filling.) The date inserted in this block diment's effective date on the Department's effective date on the Department Signature. Signature This document I am aware the | to a member or an authorized representative of a member. if executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State. |
| E V: Effective date, if other than ective date is listed, the date must filling.) The date inserted in this block diment's effective date on the Depter VI: Other provisions, if any. REOUIRED SIGNATURE: Signatur This document I am aware the constitutes a this | to a member or an authorized representative of a member. If executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S. |
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