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Division of Corporations

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|    |      |          |  |

## FLORIDA LIMITED LIABILITY CO. **CAMP STUDIOS LLC**

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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICL | Æ L - | Name: |
|--------|-------|-------|
|--------|-------|-------|

The name of the Limited Liability Company is:

.CAMP STUDIOS 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:

8527 NW 108TH PATH

DORAL, FLORIDA 33178

8527 NW 108TH PATH DORAL, FLORIDA 33178

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:

BIZCAMP LLC

Name

8300 NW 53RD STREET SUITE 102

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

DORAL

FLORIDA

33178

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) ...

From: Yanet Avila

|  | ARTICLE IV- The name and address of each person author   | rized to manage and control the Limited Liability Company.   |                                |
|--|--|--|--------------------------------|
|  | Title:   | Name and Address:  |                                |
|  | "AMBR" = Authorized Member "MGR" = Manager   | The second secon |                                |
|  | MGR  | CHRISTOPHER CAMPO  |                                |
|  |  | 8527 NW 108TH PATH<br>DORAL FL 33178   |                                |
|  |  |  |                                |
|  | MGR  | YESIT J CAMPO<br>8527 NW 108TH PATH  | معورو بالمراجعة                |
|  |  | DORAL, FL 33178  |                                |
|  |  |  |                                |
|  | Bir saffin, No. order sept. of orders configuration (Sept. Nijout Applicable) distribution (Art. Nijout Applicable).   |  |                                |
|  |  |  |                                |
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|  | The Control of the Strategy of the Head of the Control of the Cont | The state of the s |                                |
|  | and the second s |  | E T                            |
|  | (Use attachment if necessary)  | 사람 등 기가 되었다.   | 2                              |
| ARTIC  | LEV: Effective date, if other than the date of   | filing: (OPTIONAL)   | s I                            |
| (If an ef  | fective date is listed, the date must be specif  | fic and cannot be more than five business days prior to or 90  | day ofter                      |
|  | or mute.)  | et the applicable statutory filing requirements, this date will be   | be listed as                   |
| the docu   | iment's effective date on the Department of  | State's records.   | . <b>3</b>                     |
|  | LE VI: Other provisions, if any.   |  |                                |
| ANI A  | ND ALL LAWFUL BUSINESS   |  |                                |
|  |  | 4  |                                |
|  | REQUIRED SIGNATURE:  | June 1   |                                |
|  | Signature of a memb  | or or an authorized representative of a member.<br>In accordance with section 605.0203 (1) (b), Florida Statutes.  |                                |
| :<br>:   | I am aware that any false in   | formation submitted in a document to the Department of State   |                                |
| in the Section of the Control of the |  | lony as provided for in s.817.155, F.S.  |                                |
| :  | YESIT J CAMPO  | Typed or printed name of signee  |                                |
| :  |  |  |                                |

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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)