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Division of Corporations

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|----------|----------|----------|----------|----------|
| | Address: | Address: | Address: | Address: |

FLORIDA LIMITED LIABILITY CO. TELON PRODUCCIONES MIAMI, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| RTICLE I - Name: he name of the Limited Liability Company is: | •. |
|--|---|
| TELON PRODUCCIO | NES MIAMI, LLC |
| (Must contain the words "Limited Liability Co | ompany, "L.L.C.," or "LLC.") |
| | |
| RTICLE II - Address: The mailing address and street address of the principal office of the | Limited Liability Company is: |
| | Limited Liability Company is: Mailing Address: |
| he mailing address and street address of the principal office of the | |

(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:

| LILIANA C | ONZALEZ DE LA TO | ORRE |
|------------------------|---------------------|---------|
| | Name | |
| 17107 N | BAY ROAD APT C 3 | 01 |
| Florida street address | (P.O. Box NOT accep | otable) |
| SUNNY ISLES | FLORIDA | 33160 |
| 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 no duties, and I am familiar with and accept the obligations of my position as provided agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page: 4 of 4

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

| Title: "AMBR" = Authorized | Name and Address: Viember | |
|---|---|--|
| "MGR" = Manager | CARV AMIDEC FORERO CORREA | |
| AMBR-MGR | GARY ANDRES FORERO CORREA 17107 N BAY ROAD APT C 301 | |
| | SUNNY ISLES, FL 33160 | |
| ANADD MCD | LILLANA CONZALEZ DE LA TORRE | |
| AMBR-MGR | LILIANA GONZALEZ DE LA TORRE 17107 N BAY ROAD APT C301 | |
| | SUNNY ISLES, FL 33160 | |
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