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.

(((H220000901373)))



H220000901373ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

65

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone

: (855)498-5500

Fax Number

: (800)432-3622

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

Email Address:	<u></u> .	

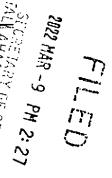
FLORIDA LIMITED LIABILITY CO. 33480 PRODUCTIONS LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help



H22000090137 3

COVER LETTER

	ew Filing Section ivision of Corporations				
CUID IEAT	33480 Productions LLC				
SUBJECT	Name of Lim	ited Liability	Company		
The enclos	ed Articles of Organization and fee(s) are	submitted fo	or filing.		
Please retu	m all correspondence concerning this mat	ter to the fol	lowing;		
	Alexis N. Mueller				_
		Name of P	erson		
	Mayronicolas Law Group PLLC				
		Firm/Com	pany		
	228 Fast 45th Street, 6th Floor				
		Addres	SS		
	New York, New York, 10017				· <u> </u>
	С	ity/State and	Zip Code		
	amueller@mavrolaw.com				
	E-mail address: (to be used	for future an	mual report notification)	
For further	information concerning this matter, please	call:			
	Cathy Hershcopf 64	46	483-5534		
			Daytime Telephone	Number	
Enclosed	is a check for the following amount:				
≣\$125.0	0 Filing Fee ☐\$130.00 Filing Fee & Certificate of Status	Certifie	l copy is enclosed)	☐\$160.00 Filing F Certificate of Status Certified Copy (additional copy is en	s & closed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Divi The Centre of Tallahass 2415 N. Monroe Street Tallahassee, FL 32303	sec	TILE PAR -9 PH

H22000090137 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

33480 Productions LLC (Must contain the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")
RTICLE II - Address: the mailing address and street address of the principal office	of the Limited Liebility Company is:
ne maining address and succe address of the principal office	of the Elithert Blabinty Company is.
Principal Office Address:	Mailing Address:
2773 S Ocean Blvd., Apt 515	2773 S Ocean Blvd., Apt 515
Palm Beach, FL, 33480	Palm Beach, FL, 33480

City

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Capitol Corporate Services, Inc.
Name

515 E. Park Ave., Floor 2

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

Tallahassee FL 32301

State

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

Zip

Taylor Seay, Asst. Sec. on behalf of Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)



ARTICLE IV-

H220000901373

"AMBR" = Authorized Membe	Name and Address:
	π
'MGR" = Manager	
MGR	Myles Fuchs
	2773 S Ocean Blvd., Apt 515
	Palm Beach, FL 33480
AMBR	Cathy Hershcopf
· · · ·	2773 S Ocean Blvd., Apt 515
	Palm Beach, FL 33480
AMBR	Guy Clark
	44 Coconut Row
	Palm Beach, FL 33480
AMBR	Harrison Morgan
	44 Coconut Row Palm Beach, FL 33480
EV: Effective date, if other that	
EV: Effective date, if other that ctive date is listed, the date m filling.) the date inserted in this block chent'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
If filing.) the date inserted in this block of the date inserted in this block of the date on the Degree VI: Other provisions, if any. REQUIRED SIGNATURE: Signature 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

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)