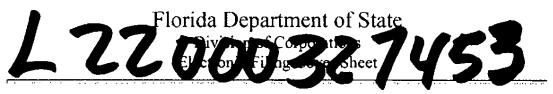
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Division of Corporations



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(((H22000251496 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

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

Email Address: BIGAPPLEENTERTAINMENT@GMAIL.COM

FLORIDA LIMITED LIABILITY CO. **BIG APPLE ENTERTAINMENT LLC**

Certificate of Status	1
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H22000251496

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

BIG APPLE ENTERTAINMENT LLC

(Must end with 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:

5460 N STATE RD 7, STE 108 NORTH LAUDERDALE, FL 33319 5460 N STATE RD 7, STE 108 NORTH LAUDERDALE, FL 33319

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:

CHARLES V ROLLET

CHARLES V ROULET	As .	
Name		
2997 NW 95TH AVE	JUL XRE1	7
Florida street address (P.O. Box NOT acceptable)	L 25	
CORAL SPRINGS FL 33065	EE. 7 D	

City Zip

Having been named as registered agent and to accept service of process for the above stated limited liability campuny 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

Registered Agent's Signature (REQUIRED)

CHARLES V ROULET

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	CHARLES V ROULET
*	2997 NW 95TH AVE CORAL SPRINGS, FL 33065
AMBR	HARRY ROULET
	2997 NW 95TH AVE CORAL SPRINGS, FL 33065
AMBR	SEBASTIEN C ROULET
	2997 NW 95TH AVE CORAL SPRINGS, FL 33065
AMBR	EMMENUEL F ROULET 2997 NW 95TH AVE
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary) LE V: Effective date, if other than the ffective date is listed, the date must be	coral springs, FL 33065 date of filing: (OPTIONAL)
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LE V: Effective date, if other than the ffective date is listed, the date must less of filling.)	e date of filing: (OPTIONAL)
LE V: Effective date, if other than the	date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days
LE V: Effective date, if other than the ffective date is listed, the date must less of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with see constitutes an affirmat I am aware that any fall	e date of filing: (OPTIONAL)