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12/05/22

FLORIDA DIVISION OF CORPORATIONS
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((H22000373500 2))

TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4003

FROM: LAZARUS CORPORATE FILING SERVICE, INC.
CONTACT: CARMEN S MORALES
PHONE: (305)552-5973

ACCT#: I20000000019
FAX #: (305)675-5944

NAME: ONE HIT ENTERTAINMENT LLC

AUDIT NUMBER.....H22000373500

DOC TYPE.....LIMITED LIABILITY COMPANY

CERT. OF STATUS..1

PAGES..... 3

CERT. COPIES.....0

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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND CR:

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

ONE HIT ENTERTAINMENT LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

1540 NW 79 AVE, DORAL, FLORIDA 33126

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

OMAR OSCAR RINALDI

1540 NW 79 AVE, DORAL, FLORIDA 33126

ARTICLE IV

The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

OMAR OSCAR RINALDI (AMBR)

1540 NW 79 AVE, DORAL, FLORIDA 33126

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Required Signatures:



Signature of a member or an authorized representative of a member.

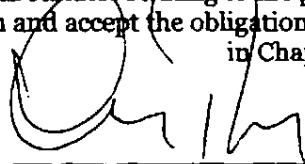
In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

OSCAR R. NOLTE

Typed or printed name of signee

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)

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MICHIGAN
CLERK