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From:

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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 annual report mailings. Enter only one email address please.

VICKIR_305@HOTMAIL.COM

Email Address:_

FLORIDA LIMITED LIABILITY CO.

Vicki Ramirez Voiceover and Dubbing LLC

| Certificate of Status | 1 |
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| /A F | • | | Name: |
|------|-------|------|-------|

The name of the Limited Liability Company is:

| Vicki Ramirez Voice | eover and Dubbing LLC | |
|--|--|----------------------------------|
| (Must end with the words "L | imited Liability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street address of the prince | cipal office of the Limited Liability Company is: | |
| Principal Office Address: | Mailing Address: | |
| 12242 SW 140th Street Miami, FL 33186 | 12242 SW 140th Street Miami, FL 33186 | - - |
| ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as it another business entity with an active Florida region of the company cannot be a served as it another business entity with an active Florida region. | ts own Registered Agent. You must designate an indi- | vidual or |
| The name and the Florida street address of the reg | sistered agent are: | 1 |
| Vicki B Ramirez | | * * |
| | Name | ų. |
| 12242 SW 140th St | treet | |
| Florida street address (P. | O. Box <u>NOT</u> acceptable) | |
| Miami | _{FL} 33186 | |
| City | Zip | |
| the place designated in this certificate, I hereby capacity. I further agree to comply with the prov of my duties, and I am familiar with and accept | cept service of process for the above stated limited liably accept the appointment as registered agent and agree visions of all statutes relating to the proper and complethe obligations of my position as registered agent as particles of the configuration of the | to act in this te performance |

Page 1 of 2

Vicki B Ramirez (CONTINUED)

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| 0.4.4.D.D.U | Name and Address: |
|---|---|
| "AMBR" = Authorized Member | |
| "MGR" = Manager MGR | Vicki B Ramirez |
| | 12242 SW 140th Street |
| | Miami, FL 33186 |
| | |
| | ***** |
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| (Use attachment if necessary) | |
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| E V: Effective date, if other than the ective date is listed, the date must bof filling.) | date of filing: (OPTIONAL.) - e specific and cannot be more than five business days prior to or 90 |
| E V: Effective date, if other than the ective date is listed, the date must bof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: | date of filing: (OPTIONAL.) e specific and cannot be more than five business days prior to or 90 Docusigned by: Vicki & Rennies |
| E V: Effective date, if other than the ective date is listed, the date must b of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: | date of filing: |
| E V: Effective date, if other than the ective date is listed, the date must bof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with sections) | date of filing: |
| E V: Effective date, if other than the ective date is listed, the date must b of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with sect constitutes an affirmation of any aware that any falls). | date of filing: |