Division of Corporations

Electronic Filing Cover Sheet

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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

Email Address:

FLORIDA LIMITED LIABILITY CO. THE COLOR COMPANY STUDIO LLC

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Certificate of Status	0 '
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu — Corporate Filing Menu

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
The Color Company Studio, LLC		
(Must contain 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	ne Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1430 Madruga Avenue	1430 Madruga Avenue	
Suite 14	Suite 14	
Coral Gables, Florida 33146	Coral Gables, Florida 33146	
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Registers another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are Sandra Zacarias	ed Agent. You must designate an individual of,	
Name	m	
1430 Madruga Avenue, Suite Florida street address (P.O. Bo	FF H 9	
Coral Gables Fic	yida 33146	

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.

State

City

Sandra Zacarias

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	Sandra Zacarias 1430 Madruga Avenue, Suite 14 Coral Gables, FL 33146	
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 .	ECRETAR LAHASS	·
	AH 9:	
(Use attachment if necessary)	32 NDA	
If an effective date is listed, the date must be sp he date of filing.)	e of filing: <u>January 1st. 2023</u> . (OPTIONAL) necific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be list of State's records.	
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
	rdra Zacarias	
This document is execu I am aware that any fals	ember or an authorized representative of a member, and in accordance with section 605.0203 (1) (b). Florida Statutes, e information submitted in a document to the Department of State e felony as provided for in s.817.155. F.S.	

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

Sandra Zacarias