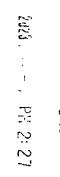
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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL MAIL
(Business Entity Name)	
(Dusiness Littly waine)	
	
(Document Number)	
Certified Copies Certificates of S	tatus
Special Instructions to Filing Officer:	
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 05/08/2023	-		esti/AIV Tules
			₩ALK IN
ENTITY NAME Duality	Film & Production LLC		
			
DOCUMENT NUMBER_			
	PLEASE FILE THE	ATTACHED AND RETURN	
xxxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
**	PLEASE OBTAIN THE FOL	LOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Arts &	t Amendments	
	Certificate of Good Stand	ing	
	APOSTILLE' / NO	TARIAL CERTIFICATION	
COUNTRY OF DESTINA	TION		
NUMBER OF CERTIFICA	TES REQUESTED		
TOTAL OWED \$125		ACCOUNT #: I201600000	
		SRTH	
Please call Tina at t	he above number for an	y issues or concerns. Thank you	so much!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Duality Film & Produ	action LLC			
(Must conta	in the words "Limited	Liability Company, "I	L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ldress of the principal o	ffice of the Limited L	iability Company is:	
<u>Principa</u>	al Office Address:	Mailing Address:		
4456 Old Sycamore I			Old Sycamore Loop	
Winter Garden, FL. 3	34787	Winte	r Garden, FL, 34787	
The name and the Florida street a		l agent are:	ou must designate an individu	
,	United Corporate Se 3458 Lakeshore Driv	Lagent are: rvices, Inc. Name		
,	United Corporate Se 3458 Lakeshore Driv Florida street addres	l agent are: rvices, Inc. Name re s (P.O. Box <u>NOT</u> acc	eptable)	
Ž	United Corporate Se 3458 Lakeshore Driv	Lagent are: rvices, Inc. Name		

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Bilal Muhammad 4456 Old Sycamore Loop Winter Garden, FL, 34787
(Use attachment if necessary)	
(If an effective date is listed, the date must be specified the date of filing.)	e of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
3.00	Muhammad
Signature of a n	ember or an authorized representative of a member.
This document is executed I am aware that any fals	uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.
Bilal Muhamma	
	Typed or printed name of signee
	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)