

From: Yanet Avila

Florida Department of State

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.

(((H23000243144 3)))



H230002431443ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000145 : (305)444-4994 Fax Number : (305)328-4774

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

Email Address:

FLORIDA LIMITED LIABILITY CO. BIG LION ENTERTAINMENT LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must		ENTERTAIMENT LLC			
	t contain the words "Limited	i Liability Company, "L.	L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and str	eet address of the principal	office of the Limited Lia	bility Company is:		
<u>Pri</u>	incipal Office Address:		Mailing Address:		
30 SW 1ST STR MIAMI, FL 331	REET SUITE 401				
ARTICLE III - Registered (The Limited Liability Com- another business entity with The name and the Florida st	ipany cannot serve as its ow h an active Florida registrati	n Registered Agent. You ion.)	Signature: must designate an individual or	2023 JUL 11	FALL AH
	GLADYS STEFA		ARFAL	_	ASS
	GLADYS STEFA	NY VELASQUEZ VILL Name	AREAL		ASSEE.
		NY VELASQUEZ VILI.	AREAL.	PM	ASSEE, FL
	30 SW 1ST	NY VELASOUEZ VILL Name			ASSEE, FLORIC
	30 SW 1ST Florida street addre	NY VELASOUEZ VILL Name STREET SUITE 401 ss (P.O. Box <u>NOT</u> accep		PM 3:	ASSEE, FLORID,

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR-MGR	GLADYS STEFANY VELASQUEZ VILLAREAL
	30 SW IST STREET SUITE 401
	MIAMI, FL 33130
AMBR-MGR	GEREMY SMITH PENA VELASQUEZ =====
	30 SW 1ST STREET SUITE 401
	MIAMI, FL 33130
AMBR-MGR	CLAUDIO ANDRES NAVARRETE FERNANDEZ 30 SW 1ST STREET SHITE 401
	20000 100 0110001 00110 001
	ىن MIAMI, FL 33130
	<u>~</u>
(Use attachment if necessary) CLE V: Effective date, if other than the effective date is listed, the date must	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days a
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) If the date inserted in this block does becoment's effective date on the Depart	not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than the effective date is listed, the date must te of filling.) If the date inserted in this block does	not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) If the date inserted in this block does becoment's effective date on the Depart	not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) If the date inserted in this block does beuntent's effective date on the Depart CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will not be list ment of State's records.
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) If the date inserted in this block does beament's effective date on the Depart CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is earn sware that any	not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) If the date inserted in this block does beament's effective date on the Depart CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is a filing aware that any constitutes a third of	a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes. Value information submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)