

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 : PRIME CORPORATE FILING SERVICES LLC

Account Number : 120230000092 Phone : (786)356-1156 Fax Number : {305}564-6768

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

Email Address: /NFO@PRIMEFILING.COM

## FLORIDA LIMITED LIABILITY CO. ALE ENTERTAINMENT LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

ARTICLES OF ORGANIZATION FOR FLORIDA	LIMITED LIABILITY COMPANY
ARTICLE 1 - Name: The name of the Limited Liability Company is:	<b>,</b>
ALE ENTERTAINMENT 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 principal office Address:	ne Limited Liability Company is:  Mailing Address:
260 Commodore Drive Apt 1216 Plantation, FL 33325	260 Commodore Drive Apt 1216 Plantation, FL 33325
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.)	ered Agent's Signature:

The name and the Florida street address of the registered agent are:

DOWNTOWN ACC	COUNTING MIAM	<u> </u>
	Name	
255 E FLAGLER S	T, SUITE 101	
Florida street addre	ss (P.O. Box <u>NOT</u> a	cceptable)
MIAMI	FL	33131
City	State	Zip

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)

(CONTINUED)

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<pre>[itle: AMBR" = Authorized Member MGR" = Manager</pre>	Name and Address:
AMBR	WALTER BRENES SOTO
	260 Commodore Drive apt 1216
	Plantation, Florida 33325
AMBR	ALEJANDRA HURTADO ALVAREZ
	260 Commodore Drive apt 1216
	Plantation, Florida 33325
AMBR	MARTHA LUCIA ALVAREZ DIAZ
	260 Commodore Drive apt 1216
	Plantation, Florida 33325
Use attachment if necessary)	
tive date is listed, the date mustilling.) he date inserted in this block do ent's effective date on the Deput. VI: Other provisions, if any.	the date of filing: (OPTIONAL)  st be specific and cannot be more than five business days prior to or 90  ses not meet the applicable statutory filing requirements, this date will no artment of State's records.
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Michelle Twomey
Legal Assistant
James A. Schmidt, P.A.
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