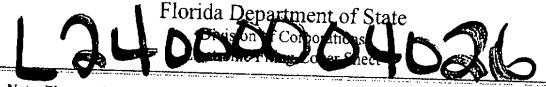
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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

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FLORIDA LIMITED LIABILITY CO. SUNNY CIELO FILMS LLC

Certificate of Status	1
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Help



ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY FOR

ART	ICLE	T_	Name:
This is		• -	. v440e:

AKTICLE I - Name:
The name of the Limited Liability Company is:

-5 Company is:
Sunny Cielo Films 110
ARTICIEU
The mailing address and street address of the principal office of the Limited Liability
company is:
18208 SW 151 AVE
MICHIEL ST HVE
Miami Fy 33187
ARTICLE III - Registered A
ARTICLE III - Registered Agent, Registered Office:
The name and the Florida street address of the registered agent are: (The Limitea Liability with an active Florida registered Agent. You must designate an individual or another business entity
CHILLY
Jessica seve varquez
18208 84
18208 SW 151 AVE
Miami FL, 33187
RTICLE IV
he name and title of each person authorized to manage and control the Limited
18208 SW 151 AVE
Miami FL 33187
77701
70
Jessia skye vanquer
(AMBR)
Page 1

EIN: 99-05/7551

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 8.817.155, F.S.

Tessica Valguer

Typed or printed name of signee

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 here y 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)