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To:

Division of Corporations

# Florida Department of State

Division of Corporations

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Division of Corporations

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### FLORIDA LIMITED LIABILITY CO. LIVE SHOW PRODUCTIONS LLC

Certificate of Status	0
Certified Copy	1
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To: -

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name: The name of the Limited Liability Company is: LIVE SHOW PRODUCTIONS 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 Limited Liability Company is: Principal Office Address: Mailing Address: 5556 NW 102ND CT DORAL, FL 33178 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

DOMENICO PRI	EVETE VONA	
	Name	•
5556 NW 102ND	Ct.	
Florida street add	iress (P.O. Box <u>NOT</u> a	cceptable)
DORAL	FL	33178
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.,

/s/ Domenico Prevete Vona

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" - Authorized Member	Name and Address:
"MGR" = Manager	DOMENTO DEBUTE VONA
AMBR	DOMENICO PREVETE VONA 5556 NW 102ND CT DORAL, FL 33178
AMBR	LISBETH SA CAMARA 5556 NW 102ND CT
	DORAL, FL 33178
AMBR	OSMAN DOUGLAS ARAY 5556 NW 102ND CT DORAL, FL 33178
AMBR	ANA CECILIA LEAL NAVARRO 5556 NW 102ND CT DORAL, FL 33178
(Use attachment if necessary)	
n effective date is listed, the date must be a ate of filing.) : If the date inserted in this block does no	specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed
locument's effective date on the Departme	nt of State's records.
TCLE VI: Other provisions, if any.	

constitutes a third degree felony as provided for in s.817.155, F.S.

DOMENICO PREVETE VONA

Typed or printed name of signee

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

I am aware that any false information submitted in a document to the Department of State

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)