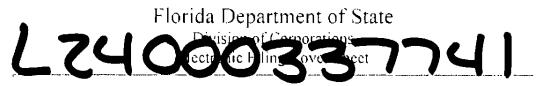
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (614)573-3996 Fax Number

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. MANOR FILM FINANCE LLC

Certificate of Status	0
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Help



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Manor Film Finance 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:

2665 S Bayshore Dr. PH 1

Miami, FL 33133

2665 S Bayshore Dr. PH 1 Miami, FL 33133

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:

C.T. Corporation System

Nare

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Florida Plantation Cly 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 diates, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

C.T. Corporation System Eric Jensen, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Chief Executive Office	Dennis John Devaney 2665 S Bayshore Dr PH 1 Miami, FL 33133
Chref Financial Officer	Michael Nelson 2665 S Bayshore Dr. PH I Miami, FL 33133
	
(Use attachment if necessary)	
(If an effective date is listed, the date must be sp the date of filing.)	of filing:
ARTICLEVI: Other provisions, if any.	
REQUIRED SIGNATURE:	01/11
REQUIRED SIGNATURES	K.J.K.
This document is execut I am aware that any false	ember or an authorized representative of a member, ted in accordance with section 605.0203 (1) (b). Florida Statutes, a information submitted in a document to the Department of State as felony as provided for in s.817.155, F.S.
Dennis John Dey	aney Typed or printed name of अंग्रहरू

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)