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.

(((H24000355247 3)))



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

-		
I	\sim	•
	v	•

Division of Corporations

3052201440

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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

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

Email Address:_

FLORIDA LIMITED LIABILITY CO. **CRR STUDIOS LLC**

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

Help

Electronic Filing Menu Corporate Filing Menu

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:					
CRR Studios LLC	,	••			
ARTICLE II - Address: The mailing address and street address of the principal of Company is:		the Limited L	iability		
7261 SW 123rd Pl Miami, Florida 3318:	3	•			_
					
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered Company cannot serve as its own Registered Agent. You must designate an individua with an active Florida registration.)	agent' I ör anor	are: (The Limitec! her business entity	Liabiltzy		_
Michael Cabranes		-			
7261 Sht 123rd Pl Miani, Florida 3315	રાંટુ !	-	: [·	-
ARTICLE IV The name and title of each person authorized to manage a Liability Company: (MGR or AMBR)	nd cor	ntrol the Limit	ed		
hilhael Cabranes (AMBR)				2	
·		: 1 :		0C7	
				24	ARY
				PM 9: 02	T유() 당당
			- 1	: 02	OF STATE

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 s.817.155, F. 3.

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..

Michael C.
Registered Agent's Signature (REQUIRED)

1.1