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FLORIDA LIMITED LIABILITY CO. SEBI THE COMEDIAN, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

			me:

The name of the Limited Liability Company is:

SEBI THE COMEDIAN, 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:	<u> Mailing Addre</u>	s s:
ing been 175915 NW 57TH AVE	SAME 18 11	i da da esta esta esta esta esta esta esta est
SUITE 112		
MIAMI GARDENS, FL 33014		· · · · · · · · · · · · · · · · · · ·

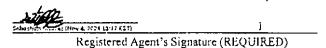
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

SEBASTIAN ALVAR	EZ	
}	Name	
15915 NW 57TH AVI	E SUITE 112	• • • • • • • • • • • • • • • • • • • •
Florida street address (Р.О. Вох <u>NOT</u>	acceptable) .
MIAMI GARDENS	FL	33014
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.



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ARTICLE IV-

property.

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:			
"AMBR" = Authorized Member "MGR" = Manager				
	· · · · · · · · · · · · · · · · · · ·	;-	; ,	
	EBASTIAN ALVAREZ 5915 NW 57TH AVE SI			
	IIAMI GARDENS			
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TICLE V: Effective date, if other than the date of file an effective date is listed, the date must be specific:	ng: ' .5 ;	; 	(OPTIONAL)	
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TICLE VI: Other provisions, if any.		<u>Qā</u>		
		•		
REOUIRED SIGNATURE:				

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

SEBASTIAN ALVAREZ

Typed or printed name of signee

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