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.

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10:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RASI 5 Account Number : I20040000031 Phone : (800)906-9220

: (800)906-9880 Fax Number

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

Email	Address:		

FLORIDA LIMITED LIABILITY CO.

Integrity Media 10 LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Integrity Media 10 LLC
(Must end with the words "Limited Liability Company, "L.E.C.," or "LEC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
2 S Biscayne Blvd, Suite 3200-1013	2 S Biscayne Blvd, Suite 3200-1013
Miami, FL 33131	Miami, FL 33131

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:

Name

2 S Biscayne Blvd, Suite 3200-4043

Florida street address (P.O. Box <u>NOT</u> acceptable)

Miami FL 33162

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 Jamilian with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Lee Cliyahu

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Compan	The name and address of each p	person authorized to manage and o	control the Limited i	Liability Compan
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Lexitas

Title: "AMBR" * Authorized Member	Name and Address:
"MGR" - Manager AMBR	Productions Private Ecclesiastic Irrevocable Trust 62 NE 167th St. #1104 Miami, Fl. 33162
·	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing:	
(If an effective date is listed, the date must be specific and the date of filing.)	I cannot be more than five business days prior to or 90 days after pplicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	ze Eliyahu
	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.

Lee Eliyahu

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 5–30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Page 2 of 2