

L9900000162

TRANSMITTAL LETTER  
FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: ARAC, L.L.C.  
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

700002714907--2  
-12/17/98--01098--008  
\*\*\*\*285.00 \*\*\*\*285.00

Filing fee for articles of organization of Florida Limited Liability Company:

\$250.00 Filing fee for Articles of Organization and Affidavit  
\$ 35.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50. **Please send one check for the total amount made payable to the Florida Department of State.**

FROM: Carlos M. Valentin, Esq.

Name (Printed or typed)

2511 Ponce De Leon Blvd., Suite 205

Address

Coral Gables, Florida 33134

City, State & Zip

(305) 445-6300

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 JAN -8 PM 1:50

FILED

CONFIDENTIAL  
99-31596



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

December 21, 1998

CARLOS M. VALENTIN, ESQ.  
2511 PINCE DE LEON BLVD., SUITE 205  
CORAL GABLES, FL 33134

SUBJECT: ARAC, L.L.C.  
Ref. Number: W98000028460

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 JAN -8 PM 1:50

FILED

We have received your document for ARAC, L.L.C. and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6025.

Cathy A Mitchell  
Corporate Specialist

Letter Number: 198A00059740

**ARTICLES OF ORGANIZATON FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is ARAC Productions, L.L.C.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is 2511 Ponce de Leon Blvd., Suite 205, Coral Gables, Florida 33134.

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be Perpetual

**ARTICLE IV - Management:**

**(Check the appropriate box and complete the statement)**

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the authority to make business decisions is vested with the members, and the name(s) and address(es) of the managing member(s) is/are: Carlos Rivera, 2511 Ponce de Leon Blvd., Suite 205, Coral Gables, Florida 33134.

**ARTICLE V - Admission of Additional Members:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: No person may be admitted as a member, neither transfer of ownership attributes allowed, unless either the only member or all other members consent in writing to the admission of the additional member or to the transfer of ownership attributes. An assignee of the limited liability company interest may become a member only if either the only member or all other members consent in writing.

FILED  
99 JAN -8 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI - Members Rights to Continue Business:**

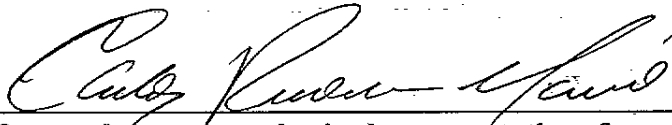
The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: The limited liability company shall be dissolved, unless the business is continued by the consent of all remaining members.

**ARTICLE VII - Affidavit of Membership and Contributions**

The undersigned member or authorized representative of a member of ARAC Productions, L.L.C. certifies:

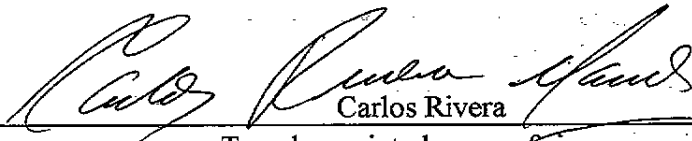
- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is .....\$1,000.00;
- 3) the agreed value of property other than cash contributed by member(s) is .....00;  
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is .....1,000.00.

Dated, this 14<sup>th</sup> day of December 1998.



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

  
Carlos Rivera

Typed or printed name of signee

FILED  
JAN -8 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$250.00 for Articles and Affidavit**

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: ARAC Productions, L.L.C.

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

CARLOS M. VALENTIN, ESQ.

NAME

2511 Ponce De Leon Blvd., Suite 205

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

Coral Gables, Florida 33134

CITY, STATE AND 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.*

  
SIGNATURE

**Filing Fee: \$ 35 for Designation of Registered Agent**

FILED  
99 JAN -8 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA