M 1000003200

(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	· #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



800183266478

SUFFICIENCY OF FILING

RECEIVED

OFFICIAL OF CORPORATION

ALVISION OF CORPORATION

B. KOHR
JUL 2 1 2010

EXAMINER

TO JUL 21 PH 12: 54



CORPORATION SERVICE COMPANY.

REFERENCE: 445158

4320744

AUTHORIZATION

COST LIMIT

ORDER DATE: July 13, 2010

ORDER TIME : 4:12 PM

ORDER NO. : 445158-005

CUSTOMER NO: 4320744

FOREIGN FILINGS

NAME: LR THEATERS LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY ___ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

TO THE ATTENDED TO THE PROPERTY OF THE STATE
1. LR Theaters LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writte consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.IC.," "LLC.")
2. Delaware 3 27-3015882
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. July 7, 2010 5. Perpetual
(Date first transacted business in Plorida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Plorida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 921 SW Washington Street, Suite 220 Portland, Oregon 97205 (Street Address of Principal Office)
Portland, Oregon 97205
(Street Address of Principal Office)
3. If limited liability company is a manager-managed company, check here
2. The name and usual business addresses of the managing members or managers are as follows:
Ernesto Rimoch, 921 SW Washington Street, Suite 220, Portland, Oregon 97205
Diego Rimoch, 921 SW Washington Street, Suite 220, Portland, Oregon 97205
Eva Rimoch, 921 SW Washington Street, Suite 220, Portland, Oregon 97205
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ranslation of the certificate under onth of the translator must be submitted.)
1. Nature of business or purposes to be conducted or promoted in Florida:
Business Operations
Jone End
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
Donna Epstein, Authorized Representative

Typed or printed name of signee

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 Λ GENT IN THE STATE OF FLORIDA.

1. The nam	e of the Limited Liability C	ompany is:		
LR Theate	ers LLC			
If name una	vailable, the alternate name	to be used in the	state of Florida is:	
2. The nam	e and the Florida street add	ress of the registe	ered agent and office are:	
	Corporation Service Company			
		(Name)		
	1201 Hays Street			
	Florida Street	t Address (P.O. Box	NOT ACCEPTABLE)	
	Tallahassee	FL	32301	
		City/State/	Zip	
liability com agent and ag relating to th obligations o	pany at the place designated gree to act in this capacity. I ne proper and complete perfo	l in this certificate, further agree to c ormance of my dut	rice of process for the above stated limited I hereby accept the appointment as registere comply with the provisions of all statutes ties, and I am familtar with and accept the for in Chapter 608, Florida Statutes. William M. Edrington Authorized Representative	

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LR THEATERS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF JULY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LR THEATERS LLC" WAS FORMED ON THE SEVENTH DAY OF JULY, A.D. 2010.

4845183

100757163

Jeffrey W. Bullock, Secretary of State AUTHENTACATION: 8123586

DATE: 07-20-10