7/9/2024 14:01:02 PDT 7/9/24, 11:12 AM



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Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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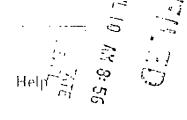
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# FLORIDA LIMITED LIABILITY CO.

## Alibi Studios LLC

Certificate of Status	. 0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu — Corporate Filing Menu



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Alibi Studios 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:

Mailing Address:

7901 4th St N STE 300

7901 4th St N STE 300

St. Petersburg, FL 33702

St. Petersburg, Fl. 33702

### 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:

Northwest	Registered	Anent	LLC
110111111031	1 1001310100	~~~	

•	_		
	Name		
7901 4th St N		STE 300	
Florida street addres	is (P.O. Box <u>N</u>	OT acceptable)	
St. Petersburg	FL	33702	
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.

Registe ed Agent's Signature (REQUIRED

(CONTINUED)



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	The name and address of each	person authorized to manage	and control the Limite	d Liability Company
--	------------------------------	-----------------------------	------------------------	---------------------

Title:	Name and Address:					
"AMBR" = Authorized Member						
"MGR" = Manager						
AMBR	Cotta, Nicolas					
	7901_4:h_St.N_STE_300					
	S:_PetersburgFL 33702					
AMBR	Orgaz, Jaime Cebrian					
<del></del>	7901 4th St N STE 300					
	St. Petersburg, FL 33702					
AMBR	Murthy, Rajesh					
	7901 4th St N STE 300					
	St. Petersburg, FL 33702					
AMBR	Wilisky, Yanick					
	7901 4th St N STE 300					
	St. Petersburg, FL 33702					
(If an effective date is listed, the date mu the date of filing.)	the date of filing:					
ARTICLE VI: Other provisions, if any.						
THE STEPHEN CHES CELLUL.						
REQUIRED SIGNATURE:						
<del>,.</del>	15 Wat Comilton					
This document i I am aware that a	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.					
	Nat Smith					
	Nat Smith Typed or printed name of signee					

# Filing Fees;

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)



# Attachment to ARTICLE IV-

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

Xicota. Jordi Costa
7901 4th St N STE 300
St. Petersburg, FL 33702
Leung, Yee-Mei May
7901 4th St N STE 300
St. Petersburg, FL 33702
Oyarzabal Alonso, Xavier
7901 4th St N STE 300
St. Petersburg, FL 33702
Boruah, Mayumi
7901 4th St N STE 300
St. Petersburg, FL 33702

