LLC-1



## State of California Secretary of State

## **Limited Liability Company Articles of Organization**

File#

ENDORSED - FILED in the office of the Secretary of State of the State of California

	JUL 28 2011
A \$70.00 filing fee must accompany this form.	This Space For Filling Use Only
Important - Read instructions before completing this form.	
intity Name (End the name with the words "Limited Liability Company," or the abbreviations " e abbreviated to "Lid." and "Co.," respectively.)	LLC" or "L.L.C." The words "Limited" and "Company" may
NAME OF LIMITED LIABILITY COMPANY  JMWEST ENTERTAINMENT GROUP, LLC	
urpose (The following statement is required by statute and should not be altered.)	
THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAWFUL COMPANY MAY BE ORGANIZED UNDER THE BEVERLY-KILLEA LIMITED LIABILITY COMPANY	L ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY NY ACT.
nitial Agent for Service of Process (If the agent is an individual, the agent must reside to be agent is a corporation, the agent must have on file with the California Secretary of State a co 505 and Item 3 must be completed (leave Item 4 blank).	n California and both Items 3 and 4 must be completed. If sertificate pursuant to California Corporations Code section
NAME OF INITIAL AGENT FOR SERVICE OF PROCESS	
AMY E. FREEMAN	e di serie de la companya del companya de la companya del companya de la companya
. IF AN INDIVIDUAL, ADDRESS OF INITIAL AGENT FOR SERVICE OF PROCESS IN CALIFORN	NA CITY STATE ZIP CODE
9701 WILSHIRE BLVD., 10TH FLOOR	BEVERLY HILLS CA 90212
Management (Check only one)	
THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY:	ed)
ONE MANAGER	
MORE THAN ONE MANAGER	700
ALL LIMITED LIMBILITY COMPANY MEMBER(S)	
Additional Information	
<ol> <li>ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAGES, IF ANY, IS INCORPORT THIS CERTIFICATE.</li> </ol>	ORATED HEREIN BY THIS REFERENCE AND MADE A PART
Execution	
7. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION	IS MY ACT AND DEED.
7-27-11 SIGNATURE OF ORGANI	7ER
DATE	
AMY E. FREEMA	
TYPE OR PRINT NAME O	OF ORGANIZER
in the second se	



t hereby certify that the foregoing transcript of page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

AUG 13 2011

Date:

DEBRA BOWEN, Secretary of State