

AZ CORPORATION COMMISSION
FILED



APR 24 2010

FILE NO. 16066816

DO NOT WRITE ABOVE THIS LINE, FOR ACC USE ONLY

ARTICLES OF ORGANIZATION

DO NOT FURNISH THIS SECTION WITH A professional limited liability company or an LLC organized for the purpose of rendering one or more categories of professional services. Professional services is defined as a service that may be lawfully rendered only by a person licensed in this state to render the service.

1. The LLC name must contain the words "limited liability company" or "limited liability company" or the abbreviation "LLC", "L.L.C.", "LLC", or "L.L.C.". The Professional LLC name must contain the words "professional limited liability company" or the abbreviation "PLLC", "P.L.L.C.", "PLLC", or "P.L.L.C."

2. Must be an Arizona address. DO NOT LEAVE THIS SECTION BLANK.

3. If the statutory agent has a PO BOX then they must also provide a physical address or description of the location.

The agent must sign the articles of organization in witness whereof in accordance with the appointment.

Select one. This form may be used for:

- ARIZONA LIMITED LIABILITY COMPANY (A.R.S. §28-2302)
- ARIZONA PROFESSIONAL LIMITED LIABILITY COMPANY (A.R.S. §28-2303.01)

1. The name of the organization:

A. _____
 LLC Name Reservation File Number (if one has been obtained). If not, leave this line blank.

B. Money Drop Productions LLC
 Limited Liability Company Name

2. Known place of business in Arizona (if address is the same as the agent address of the statutory agent, write "same as statutory agent". DO NOT LEAVE THIS SECTION BLANK)

Address 4419 N. Scottsdale Rd. Suite 210

City Scottsdale State AZ Zip 85251

3. The name and street address of the statutory agent in Arizona

Name DONALD J. SHARPEL

Address 4419 N. Scottsdale Rd. Suite 210

City Scottsdale State AZ Zip 85251

Acceptance of Appointment by Statutory Agent:

I, Donald J. Sharpel, having been designated to act as
 (Print Name of the Statutory Agent)

Statutory Agent, hereby consent to act in that capacity until removed or resignation is submitted in accordance with the Arizona Revised Statute.

Agent Signature: Donald J. Sharpel

Registering on behalf of a company, please print the company name here.

DO NOT FURNISH THIS SECTION
 4. Only required for professional limited liability company.
 The purpose must state the professional service or services that the company is organized to perform.
 Professional service is defined as a service that may be lawfully rendered only by a person licensed in this state to render the service.

5. The latest date, if any, on which the Company was dissolved.
 If a dissolution date exists include the month, day and year.
 Purpose must include the name of the person or persons who are authorized to act for the company.

6. Check which management structure will be applicable to your company. Provide name, title and address for each person.

7. If reserved to the member(s), check the member's name and address for each member. NOTE: If reserved to the member(s) you must list the name.

8. If vested in manager(s) check the manager's name and address for each manager and each manager who was a member (2004) provide a gender if known to the extent of the LLC files.

The person(s) executing this document must be a member or member of the company.

4. Purpose of this (Professional) Limited Liability Company is to provide the following (professional) service(s): (Only required for a Professional LLC Company)

Film/TV Production

5. Dissolution: The latest date of Dissolution

The latest date to dissolve / / (Please enter month, day and four digit year)
 The Limited Liability Company is Perpetual

6. Management Structure: (Check one box only) A.R.S. §29-533(8)

A. RESERVED TO THE MEMBER(S)
IF RESERVED TO THE MEMBER(S), YOU MAY SELECT ONLY THE MEMBER BOX FOR EACH MEMBER LISTED.

B. VESTED IN MANAGER(S)
IF VESTED IN THE MANAGER(S), AT LEAST ONE ENTRY BELOW MUST BE FROM THE MANAGER BOX CHECKED.

Name <u>Andrew Hill</u>	Name <u>Laurel Burgett</u>
<input type="checkbox"/> Member <input checked="" type="checkbox"/> Manager (only if "B" is selected above)	<input type="checkbox"/> Member <input checked="" type="checkbox"/> Manager (only if "B" is selected above)
Add. name: <u>4989 N. Scottsdale Rd #10</u>	Address: <u>3920 W Happy Valley Rd Suite 101-502</u>
City: <u>Scottsdale</u> State: <u>AZ</u> Zip: <u>85257</u>	City: <u>Glendale</u> State: <u>AZ</u> Zip: <u>85310</u>
Name <u>Donna J. Sitanski</u>	Name _____
<input type="checkbox"/> Member <input checked="" type="checkbox"/> Manager (only if "B" is selected above)	<input type="checkbox"/> Member <input type="checkbox"/> Manager (only if "B" is selected above)
Address: <u>4419 N. Scottsdale Rd</u>	Address: _____
City: <u>Scottsdale</u> State: <u>AZ</u> Zip: <u>85257</u>	City: _____ State: _____ Zip: _____

IF YOU NEED MORE SPACE FOR LISTING MEMBERS / MANAGERS, PLEASE ATTEND THE REGISTRATION FROM THE TIME PERIODS BY REGISTRATION.

Executed this 21st day of May 201
 Executed by: Donna J. Sitanski Print Name Donna Sitanski
 If signing on behalf of a company, please print the company name here.

Phone Number: 604.610.1067 Fax Number: _____