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Florida Department of State  
Division of Corporations  
Public Access System

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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

RECEIVED  
OCT 22 AM 8:04  
DIVISION OF CORPORATIONS

OCT 22 AM 11:10  
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

latino communications, llc

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

3

HD4000211008

ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I-Name:

The name of the Limited Liability Company is:

LATINO COMMUNICATIONS, LLC.

ARTICLE II-Address:

The mailing address and street address of the principle office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

16300 NE 19 Avenue  
Suite. # 107  
N. Miami Beach, FL 33162

SAME  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:

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

ANTON CONA

Name

250 180 DRIVE, APT. 260

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

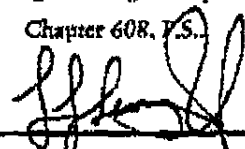
SUNNY ISLES, FLORIDA 33160

City, State, and Zip

04 OCT 22 AM 11:00

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 608, F.S.



Registered Agent's Signature

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**ARTICLE IV-Management/Member(s):**

The name(s) and address(es) of each Manager or Managing Member is as follows:

**Title:**

"MGR"=Manager

Name and Address:

"MGRM"= Managing Member

MGR

ANTON CONA

250 180 DRIVE, APT. 260

SUNNY ISLES, FLORIDA 33160

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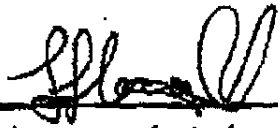
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*(Use attachment if necessary)*

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**



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

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

ANTON CONA

Typed or printed name of signee

04 OCT 22 AM 11:10

04 OCT 22 AM 11:10

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