

L06000069737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

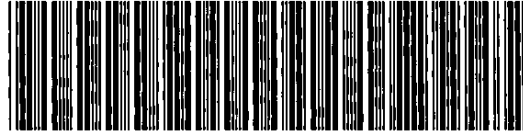
(Document Number)

Certified Copies _____ Certificates of Status _____

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2006 JUL 13 PM 4: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06 JUL 13 PM 2: 35
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY™

1201 Hays Street
Tallahassee, FL 32301
850-521-1000
850-521-1010(fax)

Account Number: 072100000032

Client Account Number: _____

Cost Limit: 125.00

Spuddean

Authorization: _____

Contact: Doreen Wallace

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Corporation Name(s) & Document number(s)

1) No Control Publishing LLC

2) _____

3) _____

4) _____

Stamped Copy Certified Copy

Type of Filings:

<u>New Filings</u>	<u>Amendment</u>	<u>Qualification</u>
<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Profit
<input type="checkbox"/> NFP	<input type="checkbox"/> COA	<input type="checkbox"/> NFP
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> LLC
<input type="checkbox"/> LTD	<input type="checkbox"/> Merger	<input type="checkbox"/> LTD

Other:

Annual Report Fictitious Name Reinstatement

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

No Control Publishing LLC
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

475 South Ave.
Beacon FL 12508

475 South Ave.
Beacon FL 12508

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:

Corporation Service Company
Name

1201 Hays Street
Florida street address (P.O. Box NOT acceptable)

Tallahassee, FL 32301
City, State, and 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 608, F.S.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Carlos A. Clark
475 South Ave.
BEACON, NY 12508

MGRM

Joseph Mancini
475 South Ave.
BEACON, NY 12508

MGRM

Gregory Mance
475 South Ave.
BEACON, NY 12508

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Carlos A. Clark
Signature of a member or an authorized representative of a member.

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

Carlos A. Clark
Typed or printed name of signer

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)