

L07000094615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

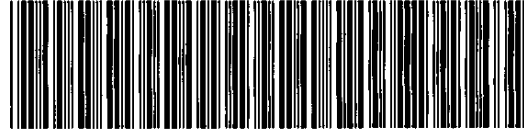
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/18/07--01001--014 \*\*155.00

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TALLAHASSEE, FLORIDA

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07 SEP 17 AM 8:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPDIRECT AGENTS, INC. (formerly CCRS)**  
**515 EAST PARK AVENUE**  
**TALLAHASSEE, FL 32301**  
**222-1173**

**FILING COVER SHEET**  
**ACCT. #FCA-14**

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**CONTACT: MARGIE ESTRADA**

**DATE: 09/17/07**

**REF. #: 000150.74613**

**CORP. NAME: MDIA ASSOCIATES, LLC**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK# \_\_\_\_\_ FOR \$ 155.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

**COST LIMIT: \$ \_\_\_\_\_**

**PLEASE RETURN:**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

ARTICLES OF ORGANIZATION  
OF

MDIA ASSOCIATES, LLC

ARTICLE I - Name

The name of the Limited Liability Company is MDIA ASSOCIATES, LLC (the "Company").

ARTICLE II - Address

The mailing address and street address of the principal office of the Company is 10165 N.W. 19<sup>th</sup> Street, Miami, FL 33172.

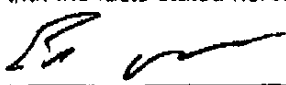
ARTICLE III - Registered Agent and Office

The street address of the Company's initial registered office is 10165 N.W. 19<sup>th</sup> Street, Miami, FL 33172, and the name of its initial registered agent at such office is Edward J. Easton.

ARTICLE IV - Members

The Members will be Easton Devcorp Ltd., a Florida limited partnership and Courtelis Devcorp Ltd., a Florida limited partnership.

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. Dated this 17<sup>th</sup> day of September, 2007.

  
\_\_\_\_\_  
Edward J. Easton, Authorized Signor

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

The undersigned, having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Florida Statutes Chapter 608. Dated this 17th day of September, 2007.

  
\_\_\_\_\_  
Edward J. Easton  
Registered Agent

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