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Florida Department of State

Division of Corporations
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To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : M. BURR KEIM COMPANY
 Account Number : T19990000242
 Phone : (215) 563-8113
 Fax Number : (215) 977-9386

08 JUL 29 AM 8:51
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

354 MEDIA LLC

RECEIVED
 08 JUL 29 PM 3:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
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D. BRUCE
 JUL 30 2008
EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

354 MEDIA LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

**101 Plantation Circle
Ponte Vedra, FL 32080**

**101 Plantation Circle
Ponte Vedra, FL 32080**

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:

Justin J. Dennis

Name

101 Plantation Circle

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

Ponte Vedra FL 32080

City, State, and Zip

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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 (REQUIRED)

(CONTINUED)

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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

Justin J. Dennis

101 Plantation Circle

Ponte Vedra, FL 32080

(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:



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.)

Justin J. Dennis, Authorized Person

Typed or printed name of signee

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)

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