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.(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(City/State/Zip/Fitorie #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(business Enity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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OR JUL 30 AM II: 10 SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. HAMPTON

JUL 3 1 2008

EXAMINER

COVER LETTER

TO: Registration Section

Tallahassee, FL 32301

Division of Corporations				
SUBJECT: TRACK TO	redia Group			
(Name of Resulting F	lorida Limited Company)			
The enclosed Certificate of Conversion, Articonvert an "Other Business Entity" into a "Faccordance with s. 608.439, F.S.	cles of Organization, and fees are submitted to lorida Limited Liability Company" in			
Please return all correspondence concerning	this matter to:			
Victoria L Da	wis			
(Contact Person)				
IRACK Modialaroup				
(Firm/Company)	/			
22224 Collings	ton Delve			
(Address)	(a)			
BORD Roden FL 3	3428			
(City, State and Zip Code)				
For further information concerning this matt	er, please call:			
	382 8/22			
Visturia Dauls	at (56/)003 0633			
(Name of Contact Person)	(Area Code and Daytime Telephone Number)			
Enclosed is a check for the following amoun	ıt:			
\$150.00 Filing Fees \$155.00 Filing Fees	\$180.00 Filing Fees \$185.00 Filing Fees,			
(\$25 for Conversion and Certificate of	and Certified Copy Certified Copy, and			
& \$125 for Articles Status of Organization)	Certificate of Status			
or organization)				
STREET ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327			
2661 Executive Center Circle	Tallahassee, FL 32314			
	- 			

Certificate of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this			
Certificate of Conversion is: TRACK Media Group. In C (Enter Name of Other Business Entity)			
(Enter Name of Other Business Entity)			
2. The "Other Business Entity" is a			
first organized, formed or incorporated under the laws of FOR (DA (Enter state, or if a non-U.S. entity, the name of the country)			
on April 29 2008 (Enter date "Other Business Entity" was first organized, formed or incorporated)			
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:			
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: TRAK Media Group, LLC			
(Enter Name of Florida Limited Liability Company)			
5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)			

Page 1 of 2

08 JUL 30 AM II: 10

Signature of Member or Authorized Representative Printed Name: 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Title: Monaging D	tember
Signature(s) on behalf of Other Business Entity: [See below for required signat	ure(s).]
Signature: Indu Dan Printed Name. Victoria L Davis		
Signature:Printed Name:		
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:Printed Name:		
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.		
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	v Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	FILEI 08 JUL 30 A SEGRETARY GA ALLAHASSEE, F
Page 2 of 2		

ARTIC

LES OF ORGANIZATION FOR FLORIDA LIMITED LIABILIT	TY COM	IPAN	Y
ARTICLE I - Name: The name of the Limited Liability Company is:			
(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the design "LLC.")	nation		
ARTICLE II - Address: The mailing address and street address of the principal office of the Lin Liability Company is:	nited		
Principal Office Address: Mailing Address:			
22224 Collington Desve 22224 Coll Bock Ration FL 33428 Bock Ration,	lington	n De 1342	104 28
ARTICLE III - Registered Agent, Registered Office, & Registered . Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate individual or another business entity with an active Florida registration.)	_		
The name and the Florida street address of the registered agent are:			
1/ to 1 Divis			
Name Name	-		
2224 Collington Deiu	e e		
Florida street address (P.O. Box NOT acceptable)			
Boca Raton FL 33428 City, State, and Zip	-		
Having been named as registered agent and to accept service of proces	e for the		
above stated limited liability company at the place designated in this cei		Ţ	
hereby accept the appointment as registered agent and agree to act			
capacity. I further agree to comply with the provisions of all statutes re			
the proper and complete performance of my duties, and I am familiar vaccept the obligations of my position as registered agent as provided			
### ##################################			
	Z	80	
Registered Agent's Signature (REQUIRED)	- ₩	<u> </u>	
(REQUIRED)	HASS	급표 GO	<u> </u>
(CONTINUED)	in⊆ Hi⊃	30	LED
Page 1 of 2		∌ (
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	≯m (-	

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGRM" = Managing Member	Victoria L Davis 2224 Collington Deive
MERM	380 Leucadendra Deiver Cosal Gables FL 33156
MGRM	134 Barrickman Derve Putter PA 16001 Zarry S. ERDOS
	(Use attachment if necessary)
(The effective date: 1) cannot be prior to nor document is filed by the Florida Department the effective date listed in the attached Cert date is listed therein.) REQUIRED SIGNATURE:	of State; AND 2) must be the same as
/ huston L/	land_
Signature of a member or an autho	_
(In accordance with section 608.408 of this document constitutes an affirm that the facts stated	nation under the penalties of perjury
Typed or printed	name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of O of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optio	AHASSAH T
Page 2 of 2	111

ARTICLE.IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows: