Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

. (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for fully annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. Actualidad 1020AM, LLC

Certificate of Status	0
Certified Copy	0
Page Count	\$65
Estimated Charge	\$125.00

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
\$UBJ1	ЕСТ:	Actualidad 1029AM, LLC	
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Limited Liability Company	
The en	closed "Application by Foreign I	Limited Liability Company for Authorization to Transact Busi egister the above referenced foreign limited liability company	iness in Florida," Certificate of to transact business in Florida
Ploase	ruturn all correspondence concer	ning this matter to the following:	
		Miriam Cruz Bustillo	N/14/47 ***********************************
		Name of Person	
		Oke Communications	
		Firm/Company	
		2525 Ponce de Leon Blvd	
		Address	
		Corni Gables, FL 33134	2010 HAY 26 SEORE LARY (
,		City/State and Zip Code	72 83
		meruzbustillo@olecom com	MY 26 AMI
	E-ma	il address: (to be used for future annual report notification)	
For fur	ther information concerning this	matter, please call:	FLORIDA
	Miriam Cruz E	Bustillo at (305) 260-7	7575
	Name of Pers	on Area Code & Daytime Telephone Number	
	MAILING ADDRESS; Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enctos	sed is a check for the follow	ing amount:	
		30.00 Filing Fee & S155.00 Filing Fee & S160.00 Certificate of Status Certified Copy of	0 Filing Fee, Certificate Status & Certified Copy

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Actualidad :	1020AM, LLC
(Must end with the words "Limited	Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of t	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2525 Ponce de Leon Blvd.	2525 Pence de Leon Blvd.
Suite 250	Suite 250
Coral Gabies, FL 33134	Corol Gables, FL 33134
1200 South Florida street address Plantation	Poration System Name Prine Island Road (P.O. Box NOT acceptable) FL 33324
City, St	tate, and Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as C T Corporation Systems	d to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all stee performance of my duties, and I am familiar with and registered agent as provided for in Chapter 603, F.S Signature (REQUIRED) Madonna Cuddihy Special Assistant Secretary

Page 1 of 2 (CONTINUED)

PLOSZ - 62/10/2010 C T System Online

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Union Radio Network of Florida, LLC
	2525 Ponce de Leon Blvd., Suite 250
	Coral Gables, FL 33134
MOR	Enrique N. Cuscó
	2525 Ponce de Leon Blvd., Suite 250
•	Coral Gables, FL 33134
	The second secon
MOR	Eduardo Cuscó
	2525 Ponce de Leon Blvd., Suite 250
	Coral Gables, FL 33134
(Use attachment if necessary) LE V: Effective date, if other than the da Jective date is listed, the date must be s days after the date of filing.) REQUIRED SIGNATURE:	nte of filing: May 26, 2010 (OPTIONAL) pecific and cannot be more than five business days piler
) <u> </u>
	n 608.408(3), Florida Statutes, the execution

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Typed or printed name of signes

Filing Fees:

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)