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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

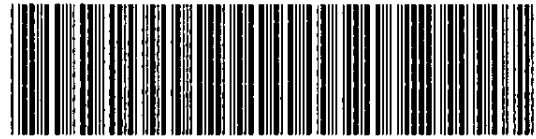
(Business Entity Name)

(Document Number)

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EXAMINER

RICHARD B. PETIGROW, P.A.

Attorney at Law
9900 W. Sample Road
Suite 300
Coral Springs, Florida 33065

(954) 341-4992
Facsimile
(954) 340-3710

File #

1253-2

RICHARD B. PETIGROW
Member of
Florida and New Jersey Bars

February 16, 2011

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl. 32301

Re: MEDICAL MEDIA PARTNERS, LLC.


Dear Sir/Madam:

Enclosed for filing please find two copies of the Articles Of Organization for MEDICAL MEDIA PARTNERS, LLC. together with the Acceptance Of Registered Agent. Kindly file the documents and upon filing return a stamped filed copy of the documents to me.

This firm's check in the amount of \$125.00 is enclosed.

If you have any questions, please do not hesitate to contact me.

Sincerely,


RICHARD B. PETIGROW

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
OF
MEDICAL MEDIA PARTNERS, LLC.**

Signed by the undersigned for the purpose of forming a Limited Liability Company pursuant to Chapter 608, Florida Statutes.

FIRST: The name of the limited liability company is MEDICAL MEDIA PARTNERS, LLC.

SECOND: The mailing address and street address of the initial principal office of the limited liability company is 9900 West Sample Road, Suite 300, Coral Springs, Florida 33065.

THIRD: The purposes for which this limited liability company is organized are to engage in any activity within the purposes for which limited liability companies may be organized under the Florida Limited Liability Company Act.

FOURTH: The address of the initial registered office of the limited liability company and the name of the initial registered agent at such address are Christopher C. Martin, 9900 West Sample Road, Suite 300, Coral Springs, Florida 33065.

FIFTH: The name and address of the Manager is:

CHRISTOPHER C. MARTIN
Suite 300
9900 West Sample Road
Coral Springs, Florida 33065

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TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, these Articles of Organization have been signed this 16th day of February, 2011.


CHRISTOPHER C. MARTIN, Manager

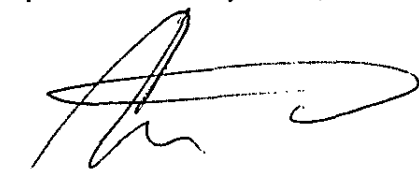
ACCEPTANCE OF REGISTERED AGENT

PURSUANT TO THE PROVISIONS OF THE FLORIDA LIMITED LIABILITY COMPANY ACT, MEDICAL MEDIA PARTNERS, LLC. HEREBY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is MEDICAL MEDIA PARTNERS, LLC.

2. The name and address of the registered agent and office is Christopher C. Martin, 9900 West Sample Road, Suite 300, Coral Springs, Florida 33065.

Having been named as registered agent and to accept the service of process for the above stated limited liability company at the place designated in this Acceptance, 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.



CHRISTOPHER C. MARTIN

February 16, 2011

DATE

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TALLAHASSEE, FLORIDA

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