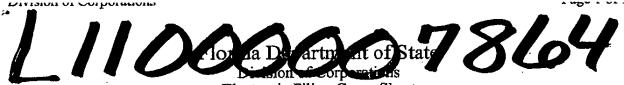
#922 P.001/003



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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: NATIONAL CORPORATE RESEARCH, LTD

Account Number : I2000000088

Phone Fax Number : (800)221-0102 : (212)564-6083

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

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## FLORIDA LIMITED LIABILITY CO. Media I Direct, LLC

Certificate of Status	0
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Estimated Charge	\$125.00

C. LEWIS

JAN 2 0 2011

PH 33:

Electronic Filing Menu

Corporate Filing Menu

Help

(((H110000159373)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability C	ompany is:	
Me	dia i Direct, LLC	
(Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	•	
The mailing address and street addre	ess of the principal office of the Limited Liability Comp	pany is:
Principal Office Address:	Mailing Address:	
1451 South Miami Avenue	1451 South Miami Avenue	
Suite 2202	Suite 2202	
Miami FL 33130	Miami Fl 33130	•
business entity with an active Florida registration.  The name and the Florida street address.	•	
	armorate December 1 to Inc.	- 16
National C	orporate Research, Ltd., Inc.	
National C		
**************************************	I5 East Park Avenue	ا ق ا
51	I5 East Park Avenue	
51	15 East Park Avenue rida street address (P.O. Box NOT acceptable)	
<b>51</b>	I5 East Park Avenue rida street address (P.O. Box NOT acceptable)	ے ا اما

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

#922 P.003/003

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2011 JAN 19 AM 9: 08

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

SECREJARY OF STATE.

"MGR" = Manager	Name and Address:				
"MGRM" = Managing Member					
MGRM	Charles	Lausted			
WOI(WI	1451 South Mia		e 2202		
•	Mlami	FL	33130		
ember & President	David G	reenberg	rg		
		1451 South Miami Ste 2202			
	Miami	Fl	33130		
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	on the data of flings	· · · · · · · · · · · · · · · · · · ·	OPE		
(Use attachment if necessary)  LE V: Effective date, if other tha fective date is listed, the date medays after the date of filing.)	n the date of filing: ust be specific and cannot be m	ore than fi	(OPTIC		
EV: Effective date, if other that exercise date is listed, the date medays after the date of filing.)	n the date of filing: ust be specific and cannot be m	ore than fi	(OPTIC		
LE V: Effective date, if other that rective date is listed, the date me days after the date of filing.)  REQUIRED SIGNATURE:	n the date of filing: ust be specific and cannot be m	ore than fi	(OPTIC ive business		
LE V: Effective date, if other that is listed, the date in days after the date of filing.)  REQUIRED SIGNATURE:	ust be specific and cannot be m	ore than fi	ve business		
EV: Effective date, if other that fective date is listed, the date medays after the date of filing.)  REQUIRED SIGNATURE:  Signature of a medical constitutes an affirmation I am aware that any false	ust be specific and cannot be m  /s/ David Greenberg	ore than fi	mber.  is document herein are true		
EV: Effective date, if other that fective date is listed, the date medays after the date of filing.)  REQUIRED SIGNATURE:  Signature of a medical constitutes an affirmation I am aware that any false	/s/ David Greenberg  lember or an authorized representation 608,408(3), Florida Statutes, the exception of the penalties of perjury that the information submitted in a document	ore than fi	mber.  is document herein are true		
LE V: Effective date, if other that fective date is listed, the date medays after the date of filing.)  REQUIRED SIGNATURE:  Signature of a medical constitutes an affirmation I am aware that any false	Is/ David Greenberg  tember or an authorized representation 608.408(3), Florida Statutes, the except of the penalties of perjury that the information submitted in a document of felony as provided for in s.817.155, F.	ore than fi	mber.  is document herein are true		
EV: Effective date, if other that ective date is listed, the date medays after the date of filing.)  REQUIRED SIGNATURE:  Signature of a medical constitutes an affirmation I am aware that any false	Is/ David Greenberg  member or an authorized representation 608.408(3), Florida Statutes, the excunder the penalties of perjury that the information submitted in a document felony as provided for in s.817.155, F.  David Greenberg	ore than fi	mber.  is document herein are true		

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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