

Division of Corporations

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Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : FARR, FARR, EMERICH, SIFRIT, HACKETT AND CARR, P.A.

Account Number : 103654001666

Phone : (941) 639-1158

Fax Number : (941) 639-0028

LIMITED LIABILITY COMPANY**Florida Web Directory, L.C.**

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 MAR 25

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I — Name:

The name of the Limited Liability Company is:

Florida Web Directory, L.C.

ARTICLE II — Address:

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

Florida Web Directory, L.C.

Mailing Address:

c/o Jack O. Hackett II, Esquire
Farr, Farr, Emerich, Sifrit, Hackett & Carr, P.A.
Post Office Drawer 511447
Punta Gorda, Florida 33951-1447

Street Address:

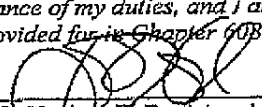
1601 West Marion Avenue, Suite 203
Punta Gorda, FL 33950

ARTICLE III — Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Jack O. Hackett II, Esquire
Farr, Farr, Emerich, Sifrit,
Hackett and Carr, P.A.
99 Nesbit Street
Punta Gorda, Florida 33950

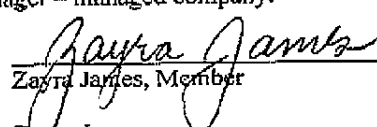
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 60B, F.S.



Jack O. Hackett II, Registered Agent

ARTICLE IV — Management

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager — managed company.



Zayra James, Member

Zayra James

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 MAR 25