

8346 Torrington Avenue, Tampa, Florida 33647

813-979-4342 Fax 813 349-3031

Sonia Quiñones

e-mail:sonia@hispabiz.com

L020000016441

June 26th, 2002

6/28 FL LLC

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

MJH

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-06/28/02--01034--005
****125.00 ****125.00

To whom it may concern:

Enclosed is an application for a Florida Limited Liability Company. We would like to register our company under the name **Hispabiz Publishing, LLC**

The register agent will be:

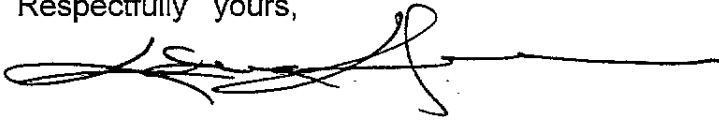
Sonia Quiñones
8346 Torrington Avenue
Tampa, Florida 33647

My telephone number is: 813 979-4342, my cell number is: 813 892-0320

The authorized representative is Edna Espasas and she may be reach at 813-962-1748.

I have also enclosed a check # 2102 for the amount of \$125.00. Please contact us if there are any questions. Thank you in advance for taking care of this matter.

Respectfully yours,



Edna Espasas

Enclosure

FILED
02 JUN 28 PM 4:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: HISPABIZ PUBLISHING, LLC

ARTICLE II - Address:

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

8346 TORRINGTON AVENUE
TAMPA, FL 33647

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

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

SONIA QUINONES

Name

8346 TORRINGTON AVENUE

Florida street address (P.O. Box NOT acceptable)

TAMPA, FL FL 33647

City, State, and Zip

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 608, F.S.

[Signature]
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

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

(An additional article must be added if an effective date is requested)

[Signature]
Signature of a member or an authorized representative of a member.

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

SONIA QUINONES

EDNA ESPASAS

Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JUN 28 PM 4:49

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