Florida Department of State Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000224140 1)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

£ (850) 205-0383.

:mox3

Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.

Account Number: 073222003555

Phone

: (561)686-3307

Fax Number

: (561)686-5442

LIMITED LIABILITY COMPANY

COMPLEADS.COM, LLC

CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

ARTICLES OF ORGANIZATION

OF

COMPLEADS.COM, LLC

I, the undersigned authorized representative of the Members, hereby make, acknowledge and file these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

The name of this Limited Liability Company is:

COMPLEADS.COM, LLC

ARTICLE II ADDRESS

The mailing address of the principal office is:

2010 NW 21" Street Boynton Beach, Florida 33436

ARTICLE III DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV MANAGEMENT

The powers of the Limited Liability Company shall be exercised by or under the authority of, and the business and affairs of the Limited Liability Company shall be managed under the direction of its Manager and is, therefore, a manager-managed company.

H03000224140 1

201-01-5002 12:54

H03000224140 1

IN WITNESS WHEREOF, the undersigned authorized representative of the Members has made and subscribed these Articles of Organization at West Palm Beach, Florida, for the uses and purposes aforesaid, this 1st day of July, 2003.

Gregory L. Scott, Authorized Representative of the

Members

SEURLIANY UL STATE

H03000224140 1

H03000224140 1

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

COMPLEADS.COM, LLC

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

Gregory L. Scott 1645 Palm Beach Lakes Blvd. Suite 1200 West Palm Beach, Florida 33401

Having been named as registered agent to accept service of process for the above-stated limited liability company, at the location designated herein, I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered agent and agree to comply with the laws of Florida applicable thereto.

Gregory L. Scott, Registered Agent

SEURE BARY UF STATE

H:\09ADMIN\GIP\NC\$\compleads.com\DArticlesOfOrgcompleads,GIP/gjp

H03000224140 1