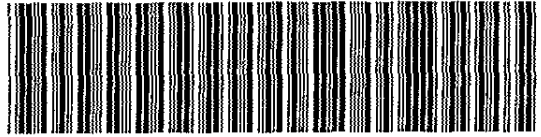


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CLERK OF STATE
TALLAHASSEE, FLORIDA



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11/29/03--01021--002 **160.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

FILED
03 JUL 29 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Humanics Publishing LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary Wilson
(Name of Person)

(Firm/Company)

12 South Dixie Highway, Suite 200
(Address)

Lake Worth, FL 33460
(City/State and Zip Code)

For further information concerning this matter, please call:

Gary Wilson at (561) 582 5009
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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09 JUL 29 PM 2:06

ARTICLE I - Name:

The name of the Limited Liability Company is:

Humanics Publishing LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

12 South Dixie Highway, Suite 200

Lake Worth, FL 33460

Mailing Address:

12 South Dixie Highway, Suite 200

Lake Worth, FL 33460

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

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

Gary Wilson

Name

12 South Dixie Highway, Suite 200

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

Lake Worth, FL 33460

FL

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..



Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

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03 JUL 29 PM 2: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Gary Wilson

12 South Dixie Highway, Suite 200

Lake Worth, FL 33460

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED 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.)

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)