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(Requestor's Name)	_		
(Address)	<u> </u>		
(Address)	_		
(City/State/Zip/Phone #)	_		
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status	_		
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DIVISION OF CORPORATION OF CORPORATI

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TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations		
SUBJ		DIA L.L.C. I Liability Company)	
The en	nclosed Articles of Organization and fee(s	s) are submitted for filing.	
Please	e return all correspondence concerning thi	s matter to the following:	
	MICHALL EIS (Name of Person)	ENSUR	
	(Firm/Company)		03 JUL 31 AM 11: 23
	353 NATHAN HALE (Address)	LD,	MII: 23
	(City/State and Zip Code)	3/6r	
For fu	rther information concerning this matter,	please call:	
_/	n I CHART LISENSUM a (Name of Person)	t (56) 7/8-9867 (Area Code & Daytime Telephone Number)	
Regis Divisi	CET ADDRESS: tration Section on of Corporations . Gaines Street	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MEDIA 2.L.C.

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:					
Principal Office Address:	Mailing Address:				
353 MATHON HALE RD. WEST PALM BLACK, FZ. 33405	353 MATHAN HAVE RO. WEST MAZON BETON, FZ. 33400				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:					
The name and the Florida street address of the registered agent are:					
m/CHATZ ETSE Name	TAPLEL 3 STE				
Florida street address (P.O. Box NO.	910 RO. DT acceptable)				

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

PAIN BB1994 FL City, State, and Zip

(CONTINUED)

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
mar	MICHARZ SARLETANT 2339 S.W. 15-10 0- #20 DETRITION REDUX, F2.33442
MGRM	MICHARY ETSENSEN 353 MATTER HALE RD. WEST PALM SETTLY, F2.33405
	
(Use attachment if necessary)	03
NOTE: An additional article mus	st be added if an effective date is requested.
REQUIRED SIGNATURE:	<u></u>
X	
Signature of a mer	nber or an authorized representative of a member.
(In accordance with of this document contact that the facts stated	section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury large true.)
MICH	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)