103000029674

		_
· (Reque	stor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone	»#)
PICK-UP	WAIT	MAIL
(Rucin)	ess Entity Nan	20)
(Dusin	ess Chuty Nan	ie)
(Docur	nent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filfi	na Officer:	
		1
		İ
<u> </u>		

Office Use Only



600022059656

08/07/03--01027--006 **125.00

W3-29674

Re:

Establishing an LLC

From:

John Tompkins

Address:

4823 Longwater Way

Tampa, FL 33615

Daytime Phone #: 813.215.3278

TRANSMITTAL LETTER

TO: Registration S Division of C				
SUBJECT:	THE FROM	TPAGE	FEATURE	UC
,	(Name	of Limited Li	ability Company)	
The enclosed Articles	s of Organization	and fee(s) a	re submitted for f	īling.
Please return all corre	spondence conce	erning this n	natter to the follow	ving:
_ JOHN	TOMPKINS (Name of Person)	,	,	
·	(Firm/Company)	·····		
4823 Lon	JGWATER W	lay.		
TAMOA, F	FL 33615			
	(City/State and Zip			
For further information	on concerning this	s matter, ple	ease call:	
JOHN TOM	PKINS of Person)	at (_	8/3 215 (Area Code & Dayti	5-3278 me Telephone Number)
STREET ADDRESS Registration Section Division of Corporati 409 E. Gaines Street Tallahassee, Florida 3	ons		MAILING AD Registration Se Division of Cor P.O. Box 6327 Tallahassee, Flo	ction porations

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
The Frontpage Feature UC	
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4962 FISKE CIRCLE ORUNDO, FL 32826	4823 CONGWARER WAY TAMPA, FC 33615
ORUNDO, FL 32826	TAMPA, FC 33615
ARTICLE III - Registered Agent, Registered Office.	, & Registered Agent's Signature:
The name and the Florida street address of the registere	_
JOHN JOHPHINS Name	·
Name	
4823 LONGWATER	Way
Florida street address (P.O. Box No.	
TAMPA FL City, State, and Zip	33615
City, State, and Zip	
Having been named as registered agent and to accept see liability company at the place designated in this certifical registered agent and agree to act in this capacity. I furth statutes relating to the proper and complete performance accept the obligations of my position of registered agent Registered Agent's Signal	nte, I hereby accept the appointment as ther agree to comply with the provisions of all e of my duties, and I am familiar with and t as provided for in Chapter 608, F.S

Page 1 of 2

(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	r	Name and Address:	
"MGRM" = Manag			
MERM	, ,	CHRISTING SEWAGGI BAUMANN 4962 FISHE CIRCLE	
	· · · · · · · · · · · · · · · · · · ·	ORLANDO, FL 33826	
MORM	-	ROBERT SEWAGEI	
		221 BRONZE LEAF COURT APORKA, FL 32703	
MGRM	_ 	3G INVESTMENT GROUP LLC	
		4823 LONGWATER WAY	
			•
==			~ ±
(Use attachment if	necessary)		
NOTE: An additi	ional article must b	e added if an effective date is requested.	
REQUIRED SIG	NATURE:	MARC	
•	Signature of a member	or an authorized representative of a member.	`
	(In accordance with sec of this document consti- that the facts stated her	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury ein are true.)	- // -
	JOHN TY	TOMPKINS - 3G INJESTMENT GRAND Deed or printed name of signee	b WC
		7011 P	÷ ;

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)