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EFFECTIVE DATE

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TRANSMITTAL LETTER

Division of Corporations		
SUBJECT: Ax cione In blishing, LLC (Name of Limited Liability Company)	<u>``</u>	
The enclosed Articles of Organization and fee(s) are submitted for filing.	EFFECTI	VE DATE
Please return all correspondence concerning this matter to the following:	111	04
(Name of Person)	-	
Axcione Publishing (Firm/Company)		
3530 Tabernack Pl	-	•
Tampa, FL 33607 (City/State and Zip Code)		SECOS TV
For further information concerning this matter, please call: EVIC Powders at (888) 297-0368 (Name of Person) (Area Code & Daytime Telephone Number		12 PH 12: 59
	•	Fi,

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

ARTICLE I - Name: The name of the Limited Liability Company is:	cione Publishing, LLC				
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
3530 Tabernacle Pl	3530 Tebernack Pl Tanpa, PL 33689				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:					
The name and the Florida street address of the registered Enclosure Florida street address (P.O. Box No. 18 FL. City, State, and Zip. 1997)	E P/OT acceptable)				
Having been named as registered agent and to accept seliability company at the place designated in this certificate registered agent and agree to act in this capacity. I furtise statutes relating to the proper and complete performance accept the obligations of my position as registered agent. Registered Agent's Signat	the, I hereby accept the appointment as there agree to comply with the provisions of all e of my duties, and I am familiar with and as provided for in Chapter 608, F.S				

(CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGNM	Eric Youders
	Evil Youders 3530 Taberhacle Pl Truph, FL 33607
MANM	
· · · · · ·	Gain Milner 890 Chestant St. #304 San Francisco, CA 94133

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

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

(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,)

VIC PSWAEP

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)

.A NIICCE V- Effective Date: The Effective Date shall be 1/1/04.

DM

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