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THE BROADCAST TEAM

PAGE 01

FROM : CLARION VENTURES, INC.

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : CLARION VENTURES, INC.  
Account Number : I20030000026  
Phone : (801) 721-4788  
Fax Number : (801) 475-6420

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

JTMX LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JB  
6-22-04

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

JTMX LLC**ARTICLE II - Address:**

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

**Principal Office Address:**9 SUNSHINE BLVDORMOND BEACH FLORIDA, 32174**Mailing Address:**9 SUNSHINE BLVDORMOND BEACH FLORIDA, 32174**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

JAMES SKOW

Name

9 SUNSHINE BLVDFlorida street address (P.O. Box NOT acceptable)ORMOND BEACH, FLORIDA 32174

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, Florida Statutes..*

  
Registered Agent's Signature

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**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:**

MGR \_\_\_\_\_

MARK EDWARDS  
9 SUNSHINE BLVD  
ORMOND BEACH FLORIDA, 32174

MGR \_\_\_\_\_

ROBERT TUTTLE  
9 SUNSHINE BLVD  
ORMOND BEACH FLORIDA, 32174

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

MARK EDWARDS

Typed or printed name of signee

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TALLAHASSEE, FLORIDA**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)