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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

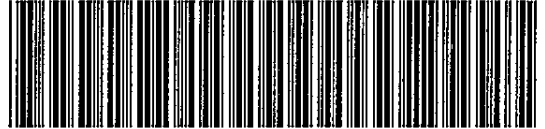
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

7/20 FLIC

Office Use Only



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07/20/04--01061--004 \*\*125.00

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04 JUL 20 PM 2:06

CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

TO: Florida Secretary of State  
Registrations Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

FROM: Corporate Service Center, Inc.  
350 S. Center Street, Suite 500  
Reno, NV 89501-2114

DATE: Thursday, July 15, 2004

To Whom It May Concern:

Attached, please find the following document(s):

- Articles of Organization for AGL Marketing Services, LLC.

We have included payment in the amount of \$125.00 for the following fees:

- Filing fee -\$100.00
- Resident Agent Designation -\$25.00
- Other: Please "File" stamp & return other provided copy
- Other:

If there are any questions, please call Liane at 329-7721, ext. 211.

When completed, please place documents in the postage paid return envelope provided. Thank you for your continued service!

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

AGL Marketing Services, LLC.

### ARTICLE II - Address:

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

#### Principal Office Address:

12 Rabbits Run

Palm Beach Gardens, FL 33418

#### Mailing Address:

12 Rabbits Run

Palm Beach Gardens, FL 33418

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

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

Business Filings Incorporated

Name

660 East Jefferson Street

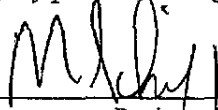
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FL 32301

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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

Alan G. Leyland

12 Rabbits Run

Palm Beach Gardens, FL 33418

(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.)

Liane Moety - Organizer  
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)