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DIVISION OF CERTOKATION





ON NO SECRETARY OFFICE USE ONLY(DOCUMENT #) LAZARUS CORPORATE FILING SERVICE 3320 S.W. 87 AVENUE MIAMI, FLORIDA (305)552-5973 OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy-Mail out Will wait Photocopy Certificate of Status AMENDMENTS NEW FILINGS **Profit** Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership

Reinstatement

Trademark

Other

Name Reservation

CR2E031(9/92)

Examiner's Initials

WATECTES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPA
ARTICLE I-Name: The name of the Limited Liability Company is: Four Corners Media, LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: address PO Box 527703
Mia FL 33152- ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Maria Calatayud Name 2500 NW 79 Ave Suite 207 Plorida street address (P.O. Box NOT acceptable) Miami FL 23/29 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 Signance Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is,
therefore, a manager - managed company. M. Antonio Calatayud
(An additional article must be added if an effective date is requested)
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.) Maria Calatayud Typed or printed name of signee

FILING FEES:
\$ 100.00 Filing Fee for Articles of Organization
\$ 75.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)