

L04 000072052

(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

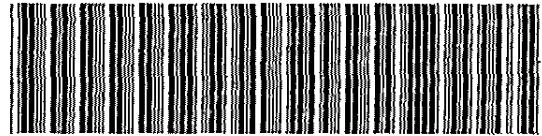
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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L04-72052
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CORECAST INFORMATION SERVICES, LLC

4495-304 Roosevelt Boulevard
Jacksonville, Florida 32210-3381

September 29, 2004

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Corecast Information Services, LLC

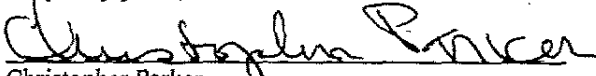
With respect to the subject limited liability company, the enclosed Articles of Organization and fees in the amount of \$155.00 are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edward Hines
Corecast Information Services, LLC
4495-304 Roosevelt Boulevard
Jacksonville, Florida 32210-2893

For further information concerning this matter, please call John J. Hines at 904 241 2893..

Very truly yours,


Christopher Parker

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the limited liability company is:

CORECAST INFORMATION SERVICES, LLC

ARTICLE II - ADDRESS

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

Principal office address:
is:

Mailing address:

4495-304
Roosevelt Boulevard
Jacksonville, Florida 32210-3381

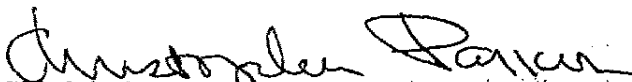
4494-304
Roosevelt Boulevard
Jacksonville, Florida 32210-3381

ARTICLE III – Registered Agent, Registered Office & Registered agents Signature

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

Christopher Parker
200 Ironwood Drive #227C
Ponte Vedra Beach, Florida 32082

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 s provided for in Chapter 608, Florida Statutes.


Registered Agents Signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

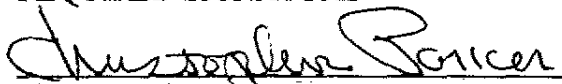
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ARTICLE IV – Managing Member

TITLE	NAME and ADDRESS
MGRM	Christopher Parker 200 Ironwood Drive # 227 Ponte Vedra Beach, Florida 32082

REQUIRED SIGNATURE


Signature of Member

Christopher Parker
(Typed name)

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