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(Address)

(Address)

(City/State/Zip/Phone #)

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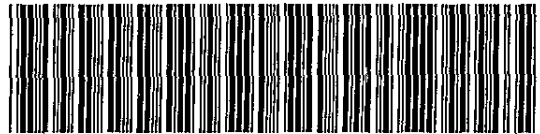
(Business Entity Name)

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04 OCT 15 AM 11:40
SECRETARY OF STATE
DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Treasure Coast Communications, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Vinciguerra
(Name of Person)

Treasure Coast Communications LLC
(Firm/Company)

2798 SE Claretta Terrace
(Address)

Port St Lucie, FL 34952
(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Vinciguerra at (772) 201-6945
(Name of Person) (Area Code & Daytime Telephone Number)

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Treasure Coast Communications LLC

ARTICLE II - Address:

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

Principal Office Address:

2798 SE Claretton Terr.
Port St Lucie, FL 34952

Mailing Address:

2798 SE Claretton Terr
Port St Lucie FL 34952

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

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

Jennifer Vinciguerra
Name

2798 SE Claretton Terr
Florida street address (P.O. Box **NOT** acceptable)

Port St Lucie FLORIDA 34952
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..

Jennifer Vinciguerra
Registered Agent's Signature

04 OCT 15 PM 1:40
DIVISION OF CORPORATIONS
STATE OF 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

Jennifer Vinciguerra
2798 SE Clareton Terr
Port St Lucie FL 34952

MGR

Todd J. Vinciguerra
2799 SE Clareton Terr
Port St Lucie FL 34952

(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.)

Jennifer A. Vinciguerra
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)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS