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| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| (City/Clate/Lipi/ Horie #)              |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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Office Use Only



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SEURE VISEE: FLORID.

Donny Mak 2319 Cimmaron Ash Way Apopka, FL 32703 917-566-7036

November 23, 2004

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

Dear Sir or Madam:

Please find enclosed articles of organization and payment check for LLC Registration

Sincerely,

Donny Mak Tunerzine

## TRANSMITTAL LETTER

| TO: Registration Sec<br>Division of Cor |   | . =  |  |
|---|---|--|--|
| SUBJECT: Tunerzine                      | Media LLC (Name of Limited                    | I Liability Company)   |  |
|   |   | 1 0,   |  |
| The enclosed Articles of                | Organization and fee(s) are st                | abmitted for filing.   |  |
| Please return all correspo              | ondence concerning this matter                | r to the following:  |  |
| Donny M                                 |   |  |  |
|   | 4)  | Name of Person)  |  |
| Tunerzine Media LLO                     | 3   |  |  |
|   | (1  | Firm/Company)  |  |
|   |   |  |  |
| 2319 Cimma                              | aron Ash Way                                  |  | OL NOV 29 AH 8: 59 SECRE LANSSEE, FLORID TALL AHASSEE, FLORID  |
|   |   | (Address)  |  |
|   |   |  | SS   |
| Apopl                                   | ka, FL 32703                                  |  | EE -   |
| - 44                                    |   | State and Zip Code)  | - FS 00  |
|   |   |  | AH 8: 59 EF STATE CE, FLORIF   |
| For further information of              | concerning this matter, please                | call:  | A  |
|   |   |  |  |
| Donny Mak                               |   | at ( 917 ) 566-7036<br>(Area Code & Daytime To                       |  |
| (Name                                   | of Person)                                    | (Area Code & Daytime To  | elephone Number)   |
| Enclosed is a check fo                  | r the following amount:                       |  |  |
| <b>Ø</b> \$125.00 Filing Fee            | ☐ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| CTDEFT ADDDESS.                         |   | MAILING A  | DDRFSS:  |

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Tunerzine Media                    | LLC   |  |  |  |
|------------------------------------|---|--|--|--|
| ARTICLE II -                       | Address:  |  |  |  |
| The mailing add                    | dress and street addres                               | s of the principal office of the Limited Liability Company is:   |  |  |
| Principal Offic                    | e Address:  | Mailing Address:   |  |  |
| 2319 Cimmaron Ash Way              |   | 2319 Cimmaron Ash Way  |  |  |
| Apopka, FL 3270                    |   | _ Apopka, FL 32703   |  |  |
|                                    | Donny Mak   | ess of the registered agent are:   |  |  |
|                                    | Name  |  |  |  |
|                                    | 2319 Cimmaron Ash Way                                 |  |  |  |
|                                    | Florida street address (P.O. Box NOT acceptable)      |  |  |  |
|                                    | Apopka,   | FL 32703   |  |  |
|                                    | (   | City, State, and Zip   |  |  |
| •                                  | 9 9   | ent and to accept service of process for the above stated limited gnated in this certificate, I hereby accept the appointment as   |  |  |
| registered ager<br>statutes relati | nt and agree to act in th<br>ing to the proper and co | nis capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and ion as registered agent as provided for in Chapter 608, F.S |  |  |

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

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SECRETAIN 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:   | Name and Address:                               |
|--|---|
| 'MGR" = Manager  |   |
| 'MGRM" = Managing Member   |   |
| MGR  | Donny Mak                                       |
| · · · · · · · · · · · · · · · · · · ·  | 2319 Cimmaron Ash Way                           |
|  | Apopka, FL 32703                                |
| MGR  | Jason Siu                                       |
|  | 2510 Hunters Run Way                            |
|  | Weston, FL 33327                                |
| ,  | vvdstori, i E doozi                             |
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| TT wast 150  |   |
| (Use attachment if necessary)  |   |
| NOTE: An additional autials must be  | added if an effective date is requested         |
| 101 E. An additional afficie must be   | added if an effective date is requested.        |
| REQUIRED SIGNATURE:  |   |
| REQUIRED SIGNATURE.  | l   |
| No. 11   | <i>III /</i>                                    |
|  |   |
| 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 constitute<br>that the facts stated herei   | s an affirmation under the penalties of perjury |
| Donny Mak  |   |
| Typed  | or printed name of signee                       |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)