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Office Use Only



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SECRETARY OF STATE AND THE STA

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Cramer C	Ommunication 5 ited Liability Company)	UC	
The enclosed Articles of Organization and fee(s) and	e submitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Wille	(Name of Person)		
Cram	er Communica	tions uc	
9225 1	VE 12th Ave		
Miam i	Shores FL City/State and Zip Code)	<u> 331</u> 38	
For further information concerning this matter, plea			
William 2 Cramer (Name of Person)	at (305) 754 (Area Code & Daytime T	elephone Number 7 SE	71
Enclosed is a check for the following amount: \$125.00 Filing Fee Certificate of Status	&	Certificate of Status & Certified Copy is engoted)	5
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING A Registration S Division of C P.O. Box 632	Section orporations	

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:		
Cramer Commu	inications LLC		
ARTICLE II - Address: The mailing address and street address of	of the principal office of the L	imited Li	ability Company is:
Principal Office Address:	Mailing Address:		
9225 NE 1244 AVE	9225	NE	12thAve
Miami Shores, FL	Mial	ni Sh	NO FL 23138
ARTICLE III - Registered Agent, Reg	gistered Office, & Registered	d Agent's	Signature:
The name and the Florida street address	of the registered agent are:		
4)://	liam E. Cramer	•	
	Name		-
9225	NE 12th AVE		
Florida	street address (P.O. Box NOT acce		
Miami St	1015, FL 33/33 y, State, and Zip	2.	
Having been named as registered agent liability company at the place designates registered agent and agree to act in this statutes relating to the proper and compacted accept the obligations of my position	ated in this certificate, I hereby capacity. I further agree to co uplete performance of my duties	accept the accept with a constant and I are	ne appointment as the provisions of all in familiar with and
1.1.01.	m 4 (ame ~		ZOOS . TALL
Registere	d Agent's Signature	•	ARIA ARIA

(CONTINUED)

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

MGR

Name and Address:

William E. Gramer

9225 NE 12th AVE

MIGMI Shoves, FL 33138

(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.)

1. Illiana 5

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)

2005 JAN 13 PM 1: 20 SECRETARY OF STATE