

L05000027410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

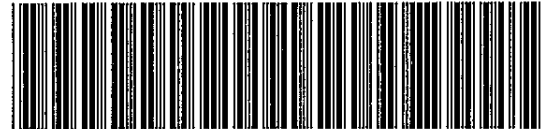
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03/18 PM 12:58 05 MAR 18 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 265690 72050927

AUTHORIZATION :

COST LIMIT : \$ PPD

FILED
05 MAR 18 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : March 18, 2005

ORDER TIME : 10:09 AM

ORDER NO. : 265690-005

CUSTOMER NO: 7205092

CUSTOMER: Mr. Thomas J. Duke
Jeff McCartney, LLC

Po Box 3419

Ponte Vedra Bea, FL 32004

DOMESTIC FILING

NAME: MULTIFACET MEDIA, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MULTIFACET MEDIA, LLC

ARTICLE II - Address:

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

Principal Office Address:

9770 PRESTON TRAIL WEST
PONTE VEDRA BEACH, FL. 32082

Mailing Address:

P. O. BOX 3419
PONTE VEDRA BEACH, FL. 32004

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

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

CORPORATION SERVICE COMPANY

Name

1201 HAYS STREET

Florida street address (P.O. Box **NOT** acceptable)

TALLAHASSEE, FL. 32301 FL

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..

Cynthia L. Harris
Registered Agent's Signature

Cynthia L. Harris
as its agent

(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

Name and Address:

"MGR"

THOMAS J. DUKE

9770 PRESTON TRAIL WEST

PONTE VEDAR BEACH, FL. 32082

"MGRM"

LEISA ST. JOHN

2705 SCENIC HIGHWAY 98 # 2

DESTIN, FL. 32541

"MGRM"

PATRICIA BOCK - BERMAN

123 VOYAGE COURT

MARINA DEL RAY, CA. 90292

"MGRM"

ROBERTA HACH - JACOBS

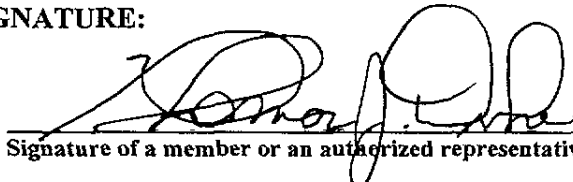
32495 TIMBERRIDGE COURT

WESTLAKE VILLAGE, CA. 91361

(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.)

THOMAS J. DUKE

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)