L0500095807

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

Office Use Only



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09/22/05--01021--002 **125.00

2005 SEP 22 PM 12: 24

£ 9/29/05

COVER LETTER

		COVE	CERTIFIC .	CP I						
TO:	Registration Se Division of Cor			TALLAHASSE OF ST. 24						
SUBJE	CCT:	Media Mar (Name of Limited	Leting Interned Liability Company)							
The end	closed Articles of	Organization and fee(s) are su	abmitted for filing.							
Please r	return all correspo	ondence concerning this matter	r to the following:							
_		Morna	MC GANN							
_		0	Name of Person)							
	Media Marketius Intl.									
-		(Firm/Company)	····						
		266 Ici	s Drive Ju	piter PL 33458						
-			(Address)	<u> </u>						
_			FL 33458 State and Zip Code)							
For furt	her information c	oncerning this matter, please o	all:							
			at (561) 630-	4457						
	(Name	of Person)	(Area Code & Daytime Telephone Number)							
			re11- 54	1- 712.2676						
And the second		the following amount:								
\$ 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, Certificate of Status & Certified Copy (additional copy is enclosed)						
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	s						

ARTICLES OF ORGANIZATION FOR FLO	ORIDA LIMITED LIABILITY COMPANY							
ARTICLE I - Name: The name of the Limited Liability Company is:	PALLAHASSY CF							
(Must end with the words "Limited Liability Company, "Limited								
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:							
Principal Office Address:	Mailing Address:							
266 Iris Drive Supiter FL 33456	266 Iris Drive Jupiter FL33458							
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Name								
Name	•							
264 Iris	Drive							
	ess (P.O. Box NOT acceptable)							
	T-1							
	FL							

(CONTINUED)

The name and address of each Manager or Managing Member is as follows: 2005 SEP 22 PM 12: 24 Title: "MGR" = Manager "MGRM" = Managing Member WCell. = Mall Address: WCell. = Managing Member WCell. = Mall Address: WCell. =	ARTICLE IV- Manager			follows:	THE REAL PROPERTY.				
"MGR" = Manager "MGRM" = Managing Member W.Cel. : Member : Membe	·	_	Name and Address:						
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing:	"MGR" = Manager								
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(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing:	10	-							
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(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing:			<u>.</u>						
ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) REQUIRED SIGNATURE: (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.) MOCHA MCGON 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)			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	•				
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