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05 OCT 10 AM 8:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Chivers OCT 12 2005

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

**SUBJECT:** FIRST COAST ADVERTISER 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:

W. J. STANTON, P.A.

(Name of Person)

ZP&W CARNEY STANTON LLC

(Firm/Company)

999 PONCE DE LEON BOULEVARD, PENTHOUSE 1110

(Address)

CORAL GABLES, FLORIDA 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

WALTER J. STANTON III

(Name of Person)

305

at

( )

444-5565

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy<br>(additional copy is enclosed) |
|---|--|--|---|

**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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TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

FIRST COAST ADVERTISER LLC

## ARTICLE II - Address:

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

### Principal Office Address:

4000 PONCE DE LEON BOULEVARD  
SUITE 470  
Coral Gables, FL 33146

### Mailing Address:

4000 PONCE DE LEON BOULEVARD  
SUITE 470  
Coral Gables, FL 33146

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

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

W. J. STANTON, P.A.

Name

999 PONCE DE LEON BOULEVARD  
PENTHOUSE 1110

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

CORAL GABLES, FL 33134

City, State, and Zip

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TALLAHASSEE, FLORIDA

*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..*

  
Registered Agent's Signature

(CONTINUED)

Page 1 of 2

**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:**

MGRM

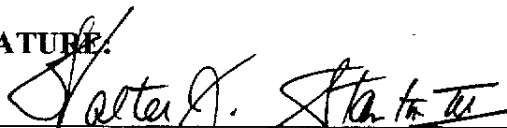
WALTER J. STANTON III  
4000 PONCE DE LEON BLVD.  
SUITE 470  
CORAL GABLES, FL 33146

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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.)

WALTER J. STANTON III

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)

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA