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Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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COVER LETTER

TO: Registration Se Division of Co			
subject: <u>Ма</u>	inframe Mark (Name of Limite	eting LLC d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	BRUCE	M. Lynn JR. Name of Person)	
	MAIN FRAM	E MAZKETING Firm/Company)	06 FEI
	5019 VERNO	(Address)	06 FEB - 1 PM 3: 35
	Тацаназя <i>б</i> е. (City.	FLORIDA 3231 /State and Zip Code)	بن بي ين
For further information	concerning this matter, please	call:	
BRUCE M.	LYM JR.	at (<u>850</u>) <u>545-8</u> (Area Code & Daytime T	8382_ elephone Number)
Enclosed is a check for	or 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 Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Mainframe Marketing LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
BRUCE M LYNN JR. SAME 5019 WERNON 2d TAMAHASSEE, FLORINA 32317
TAMAHASSEE, PLONINA 32317
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:
Rosemary Lynn
Name
The name and the Florida street address of the registered agent are: Rosemary Lynn Name 1505 Arnold St.
Florida street address (P.O. Box NOT acceptable)
Tallahossee, FL 32310 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

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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 M62 BRUCE MICHAEL WINN JR. 5019 VERNON ROAD (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 1-23-04 . (OPTIONAL) (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:

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.)

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)