

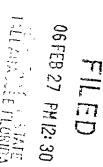
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COVER LETTER

TO: Registration Se Division of Co				
SUBJECT: UrbanT	welve Communicatio			
	(Name of Limite	d Liability Compa	iny)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing	ζ.	
Please return all corresp	ondence concerning this matte	r to the following	:	
Enock Jear	n Belony			
	·	Name of Person)		
	(Firm/Company)		
1460 Nort	h West First Court			
		(Address)		
Boynton B	Beach, Florida 334	35		
	(City	State and Zip Code	:)	
For further information	concerning this matter, please	call:		
Enock Jean Belo	ony	_{at (} 561	352-002	7
(Name	of Person)		e & Daytime T	elephone Number)
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Find Certified Copy (additional copy)	y	\$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	Registrati Division Clifton B 2661 Exc	ourier Addression Section of Corporation suilding extive Center	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

UrbanTwelve Communications Limite (Must end with the words "Limited Liability Com	ed Liability Company apany, "Limited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address: The mailing address and street address	ss of the principal office of the Limited Liability Comp	oany is:
Principal Office Address:	Mailing Address:	
1460 North West First Court	1460 North West First Court	
Boynton Beach, Florida	Boynton Beach, Fiorida	
33435	33435	
The name and the Florida street address Enock Jean Belon	<u>y</u>	06 F
	Name	FEB 27
1460 North West	t First Court	27
Flori	ida street address (P.O. Box NOT acceptable)	平江
Boynton Beach,	FL 33435	
	City, State, and Zip	FH 12: 30
liability company at the place dest registered agent and agree to act in the statutes relating to the proper and c	ent and to accept service of process for the above stated ignated in this certificate, I hereby accept the appointment his capacity. I further agree to comply with the provision complete performance of my duties, and I am familiar with the provision as registered agent as provided for in Chapter 608, I	limited nt as ns of all th and

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIKED)

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 MGRM Enock Jean Belony 1460 North West First Court Boynton Beach, Florida, 33435 MGRM Geoffrey David Grosss 22361 Collington Drive Boca Raton, Florida, 33428 (Use attachment if necessary)

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

ARTICLE V: Effective date, if other than the date of filing:

Signature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(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

. (OPTIONAL)

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)