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SECRETARY OF STATE DIVISION OF CORPORATIONS





COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Philanthropic Media (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:
John Brock (Name of Person)
Philanthropic Media, LLC (Firm/Company)
inso we wan look to
1022 NE VAN LOON ter (Address)
(City/State and Zip Code)
Cape Coval, FL 33909 (City/State and Zip Code) For further information concerning this matter, please call: Tohn Brock at (239) 823-4498
Tohn Brock at (239) 823-4498 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$ Certified Copy (additional copy is enclosed) \$\bigcup \\$ \$160.00 Filing Fee. Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Co	Ompany 1s:
Philanthr	opic Media LLC npany, "Limited Company" or their abbreviation "LLC," or "L.C.,")
(Must end with the words "Limited Liability Con	npany, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street addre	ss of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:

(ape, Loral, FL 33909	1022 he way Loos to Cape Coral, FL 23909

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:

ARTICLE I - Name:

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

Cape Coral FL 33909

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..

Registered Agent's Signature (REQUIRED)

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	John Brock 1022 ne van LOON ta Cape Coral, FL 33909	
		· -
	2006 FEB 28	SECRETAR
	A A S	Y OF STATE
(Use attachment if necessary)	29	Ž
ARTICLE V: Effective date, if other that If an effective date is listed, the date in o or 90 days after the date of filing.)	on the date of filing: $\frac{2/22/06}{}$. (OPTIONAL) ust be specific and cannot be more than five business days prior	or
<u>required</u> signature:	In Ma A	
Signature of a m	nember or an authorized representative of a member.	
(In accordance w of this document	rith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury	

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)

that the facts stated herein are true.)