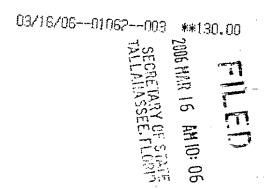


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LUG-34532

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: Tampa Bay Legal Marketing, 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: Celine A. Funk (Name of Person) Tampa Bay Legal Marketing, LLC (Firm/Company) 3225 South MacDil Avenue, Suite 129-343 (Address) Tampa, FL 33629 (City/State and Zip Code) For further information concerning this matter, please call: at (813 957-0700 (Area Code & Daytime Telephone Number) Sasha Funk (Name of Person) Enclosed is a check for the following amount: □ \$125.00 Filing Fee \$\sqrt{\$130.00}\$ Filing Fee & \$155.00 Filing Fee & \square \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street/Courier Address Mailing Address Registration Section Registration Section

Registration Section
Division of Corporations
P.O. Box 6327

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is	s:	-
;		
Tampa Bay Legal Marketing, LLC		
(Must end with the words "Limited Liability Company, "Limited Liability Company, "Limited Liability Company,"	nited Company" or their abbreviation	'LLC," or "L.C.,")
1		
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Limite	ed Liability Company is:
Duivainai Offica Adduses	Mailing Address	
Principal Office Address:	Mailing Address:	-
3225 South MacDill Avenue	3225 South MacDill Avenu	ue
Suite 129-343	Suite 129-343	
Tampa, FL 33629	Tampa, FL 33629	
Tampaj i E dodao		
ARTICLE III - Registered Agent, Registere	ed Office. & Registered Ag	ent's Signature:
(The Limited Liability Company cannot serve as its own Reg	gistered 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:	
The name and the Forida street address of the	, registered agent are.	NRY SSE
Celine A. Funk		र्णिं इ 🕦 🛅
Nam	ne	FLORA C
	0.17.400.040	
	venue, Suite 129-343	₩ 08
Florida street a	address (P.O. Box NOT acceptable	, =)
Tampa	FL 33629	
City, State	e, and Zip	-
ų.	•	
Having been named as registered agent and t		
liability company at the place designated in	n this certificate, I hereby acc	ept the appointment as

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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Celine A. Funk 3225 South MacDill Avenue, Suite 129-343 Tampa, FL 33629 (Use attachment if necessary) 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 prio to or 90 days after the date of filing.) Ö **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

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)

Celine A. Funk

that the facts stated herein are true.)

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