

LO6000033917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

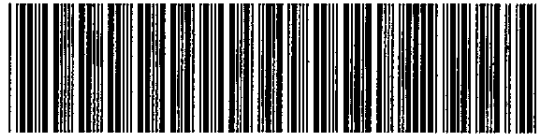
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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PASSMAN & JONES
A PROFESSIONAL CORPORATION

JOSHUA P. ODEN, III

email address:
odenj@passmanjones.com

ATTORNEYS AT LAW
2500 RENAISSANCE TOWER
1201 ELM STREET
DALLAS, TEXAS 75270-2599
www.passmanjones.com

(214) 742-2121, Ext. 2641

FAX: (214) 748-7949

March 27, 2006

VIA FEDERAL EXPRESS

Secretary of State of Florida
Registration Section
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: The Media Maquiladora, LLC
Our File No. 25335.001

Dear Sir/Madam:

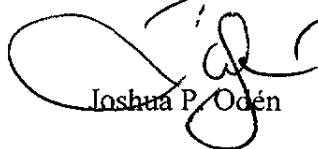
Enclosed for filing is the original and one copy of the proposed Articles of Organization of The Media Maquiladora, LLC.

I would appreciate it if you would file this document among the papers of the Secretary of State's office and return the file-stamped copy to me at the above address.

Also enclosed is this firm's check in the amount of \$125.00 for the applicable filing fee.

As always, if you have any questions, please feel free to call me.

Very truly yours,



Joshua P. Oden

JPO:jmp
Enclosures

cc:
Kent Kirschner
2149 Hibiscus Street
Sarasota, FL 34239

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The name of the Limited Liability Company is: The Media Maquiladora, L.L.C.

ARTICLE II – Address:

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

Principal Office Address:

2149 Hibiscus Street
Sarasota, FL 34239

Mailing Address:

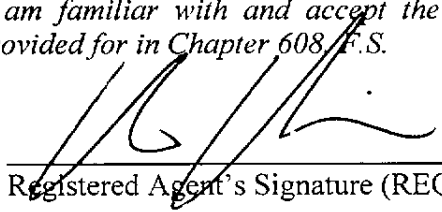
2149 Hibiscus Street
Sarasota, FL 34239

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

Kent Kirschner
2149 Hibiscus Street
Sarasota, FL 34239

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)

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TALLAHASSEE, FLORIDA

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:

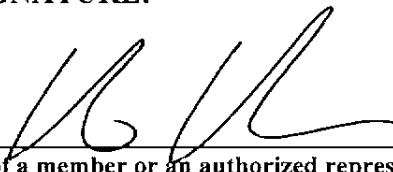
MGRM

Media Maquiladora S. de R. L. de C. V.

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

(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)

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