

L0600003945**FILED**

Florida Department of State

Division of Corporations
Public Access System

2006 APR 14 A 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000100607 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088**FLORIDA/FOREIGN LIMITED LIABILITY CO.****Pixel Flicker e-Commerce Comapny, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED

06 APR 14 PM 12:59

DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

H06000100607

FILED

ARTICLE I - Name

The name of the Limited Liability Company is: **Pixel Flicker e-Commerce Company, LLC**

2005 APR 14 A 9:5L
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

9100 S. Dadeland Boulevard, Suite 410

9100 S. Dadeland Boulevard, Suite 410

Miami, FL 33156

Miami, FL 33156

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Joaquin Enrique Tomas

Name

9100 S. Dadeland Boulevard, Suite 410

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Miami, FL 33156

(City / State / 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 - Joaquin Enrique Tomas

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

Joaquin Enrique Tomas- 9100 S. Dadeland Blvd., Ste 410, Miami, FL 33156

MGRM

Marco Franco- 9100 S. Dadeland Blvd., Ste 410, Miami, FL 33156

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Joaquin Enrique Tomas

Typed or printed name of signee

FILED

2005 APR 14 A 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA