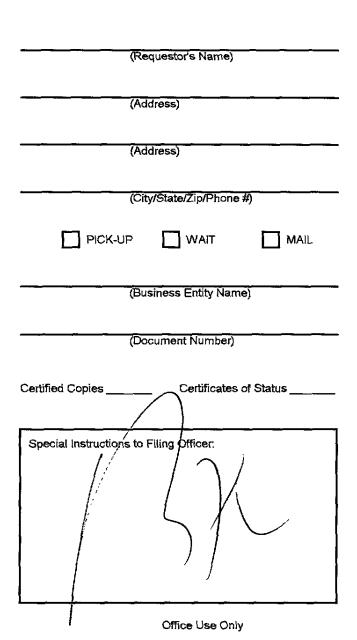
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

06 HAY 16 AM II: 31 DIVISION OF CURFURATION

FILED

Soviate Research Requester's Name Address City/Stare/Zip Phone #	Office Use Only
CORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if known):
1. C.J. Commoni	m a m
2. (Corporation Name)	
(Corporation Name)	(Document #)
3.	Dm C
(Corporation Name)	(Document #)
•	
4. (Corporation Name)	(Document #)
Awar I Park I Pa	Consisted Comm
Walk in Pick up time	Photocopy Certificate of Status
Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
Profit	Amendment
Not for Profit Limited Liability	Resignation of R.A., Officer/Director Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	☐ Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	Foreign
Fictitious Name	Limited Partnership Reinstatement
	Trademark
	Other
	Examiner's Initials
CR2E031(7/97)	AND ALLEGED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Compan	y is:
C.J. Communications, LLC	
(Must end with the words "Limited Liability Company, "	Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1060 Lotus Parkway, #1023	same <u>~</u>
Altamonte Springs, FL 32719	- F2 5
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	ered Office, & Registered Agent's Signature. Registered Agent. You must designate an individual eranother particular the registered agent are:
Corporation Compan	y of Orlando
	ame Tame
	., Suite 1000 (E1D) et address (P.O. Box <u>NOT</u> acceptable)
Orlando, FL 32801 City, S	FL tate, and Zip
	d to accept service of process for the above stated limited I 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

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member Earnest DeLoach, Jr. MGRM 1060 Lotus Parkway, #1023 Altamonte Springs, FL 32714 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: .(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.) De Loach Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV- Manager(s) or Managing Member(s):

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)