

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**SPOTLIGHT MEDIA, LLC.**

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DIVISION OF CORPORATION

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SPOTLIGHT MEDIA, LLC.

(NAME OF ORGANIZATION IN FULL)

THE UNDERSIGNED SUBSCRIBERS TO THESE ARTICLES OF ORGANIZATION, EACH A NATURAL PERSON COMPETENT, HEREBY ASSOCIATE THEMSELVES TOGETHER TO FORM A LIMITED LIABILITY COMPANY UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE I

THE NAME OF THE ORGANIZATION IS:

SPOTLIGHT MEDIA, LLC.

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ARTICLE II

THE GENERAL NATURE OF THE BUSINESS TO BE TRANSACTED BY THIS ORGANIZATION IS AS FOLLOWS: TO CONDUCT BUSINESS IN, HAVE ONE OR MORE OFFICES IN, AND BUY, HOLD, SELL, CONVEY, LEASE OR OTHERWISE DISPOSE OF PERSONAL AND REAL PROPERTY, INCLUDING FRANCHISES, TRADEMARKS, PATENTS, COPYRIGHTS, LICENSES, IN THE STATE OF FLORIDA AND OTHER STATES AND COUNTRIES.

PREPARED BY: OTHEL TURNER & COMPANY, ACCOUNTANTS.  
3787 WEST SUNRISE BLVD.  
PLANTATION, FL 33313  
(954) 583-2205

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**ARTICLE III**

THE INITIAL POST OFFICE ADDRESS OF THIS ORGANIZATION IS  
5787 W. SUNRISE BLVD  
PLANTATION, FL 33313  
BROWARD COUNTY OF FLORIDA. THE MEMBERS, FROM TIME TO TIME, MAY  
MOVE THE PRINCIPLE OFFICE TO ANY OTHER ADDRESS IN FLORIDA.

**ARTICLE IV**

CERTIFICATE DESIGNATING PLACE OF DOMICILE OR BUSINESS OF SERVICE OF  
PROCESS IN THE STATE OF FLORIDA AND DESIGNATION OF RESIDENT AGENT  
FOR SERVICE OF PROCESS.

IN PURSUANCE OF F.S. 48.091, THE FOLLOWING IS SUBMITTED IN  
COMPLIANCE WITH SAID ACT:

THAT DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA  
WITH THE FOLLOWING PERSON DESIGNATED AS AGENT TO ACCEPT SERVICE OF  
PROCESS. OTHER, TURNER ADDRESS: 5787 W SUNRISE BLVD, PLANTATION, FL  
33313.

**ACKNOWLEDGMENT**

HAVING BEEN NAMED BY THE ABOVE CORPORATION TO ACCEPT SERVICE OF  
PROCESS DESIGNATED IN THE ABOVE CERTIFICATE, I HEREBY AGREE TO ACT  
IN SAID CAPACITY AND TO COMPLY WITH THE PROVISIONS OF KEEPING SAID  
OFFICE OPEN.

BY: 

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ARTICLE V

THE NAMES AND POST OFFICE ADDRESSES OF THE MANAGER OF ORGANIZATION:

KATHLEEN ALARCON

5787 W SUNRISE BLVD

PLANTATION, FL 33313

MANAGER'S SIGNATURES

*Kathy E Alarcon*  
KATHLEEN ALARCON

STATE OF FLORIDA )  
COUNTY OF BROWARD) SS

BEFORE ME, THE UNDERSIGNED AUTHORITY, DULY AUTHORIZED TO TAKE OATHS  
AND RECEIVE ACKNOWLEDGMENTS, PERSONALLY APPEARED KATHLEEN ALARCON  
APPEARED BEFORE ME THE PERSON(S) DESCRIBED AS SUBSCRIBER(S) IN THE  
WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION.

WITNESS MY HAND AND SEAL THIS 14<sup>th</sup> DAY OF June, 2006.

*Carla D. Franks*  
(SIGNATURE OF NOTARY)

NOTARY PUBLIC, STATE OF FLORIDA

(SEAL)



CARLA D. FRANKS  
MY COMMISSION # 0022846  
EXPIRES: June 18, 2007  
Served Time Budget Heavy Services

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