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COVER LETTER

TO: Registration Se Division of Co.						
SUBJECT: Sayfie	Media LLC					
		ited Liability Comp	oany)		•	
The enclosed Articles of	f Organization and fee(s) are	e submitted for filin	ng.			
Please return all corresp	ondence concerning this ma	atter to the followin	g:	· · · -		
Justin Sayf	ie					
		(Name of Person)	Tr I	ी हिंदी के		• •
Sayfie Med	ia LLC	<u> </u>				
	* _	(Firm/Company)	Na State (1997).			-
450 E. Las	olas Blvd., Suite					
		(Address)	yes —		<u> </u>	_ કુકુ⊹ -
Fort Laude	erdale / FL 3330	1			0_	
	(C	ity/State and Zip Coc	le)	ECA	<u>8</u> -	71
For further information	concerning this matter, plea	an call.		HA A	16-2	-
To further intermation	concerning and maner, prea	se call.		RYC		
Justin Sayfie		_at (954	523-2427 de & Daytime Telep		AM 9:	O
(Name	of Person)	- (Area Co	de & Daytime Telep	phone Number)		
Enclosed is a check fo	r the following amount:			A		
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	& [] \$155.00 I Certified Cop (additional copy	y is enclosed)	3160.00 Filing Certificate of Stat Certified Copy (additional copy is en	us &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Divisior Clifton 1 2661 Ex	Courier Address Lion Section of Corporations Building eccutive Center Ci see, FL 32301	rcle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Sayfie Media LLC						
(Must end with the words "Limite	d Liability Comp	any, "Lin	nited Company	or their abbrev	iation "LLC,"	or "L.C.,")
ARTICLE II - Address:						
	11	6.4		~~ .× ×		1. tr
The mailing address and s	treet address	or me	principal of	ince of the f	limited Fig	omiy Con
ū		or me	• •		Jimmed Lia	onny Con
Principal Office Address		or me	• •	g Address:	Jimieu Lia	omy Con
ū		or me	• •		Jimed Lia	onny Con
ū	<u> </u>	or the	Mailin		S	omy Con
Principal Office Address 450 E. Las Olas Blvd., Suite 70	<u> </u>	or the	<u>Mailin</u>	g Address:	Suite 700	
Principal Office Address	<u> </u>	or me	<u>Mailin</u>	g Address:	Suite 700	

ARTICLE I - Name:

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

business entity with an active Florida registration.)

Justin Sayfie Name 450 E. Las Olas Blvd., Suite 700 Florida street address (P.O. Box NOT acceptable) Fort Lauderdale, FL 33301

ability Company is:

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..

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Justin Sayfie
Mark 12	450 E. Las Olas Blvd., Suite 700
# . 'g'' '2	Fort Lauderdale, FL 33301
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(Use attachment if necessary) LE V: Effective date, if other than the dat fective date is listed, the date must be sp	
LE V: Effective date, if other than the dat fective date is listed, the date must be sp days after the date of filing.)	te of filing: [effective at filing] (OPTIC pecific and cannot be more than five business
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LE V: Effective date, if other than the date fective date is listed, the date must be specially days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of the days after the date (In accordance with costion)	ranauthorized representative of a member.
EV: Effective date, if other than the date fective date is listed, the date must be specified and after the date of filing.) REQUIRED SIGNATURE: Signature of member of this document constitute that the facts stated here.	ranauthorized representative of a member. 10 608.408(3), Florida Statutes, the execution sea an affirmation under the penalties of perjury main are true.
LE V: Effective date, if other than the date fective date is listed, the date must be specified ages after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document constitute that the facts stated here dustin Sayfie	ranauthorized epresentative of a member. n 608.408(3), Florida Statutes, the execution so an affirmation under the penalties of perjury continuous in are true.)
LE V: Effective date, if other than the date fective date is listed, the date must be specified agree after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document constitute that the facts stated here dustin Sayfie	ranauthorized epresentative of a member. n 608.408(3), Florida Statutes, the execution sees an affirmation under the penalties of perjury management in are true.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)