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## **COVER LETTER**

TO: Registration Sec Division of Cor			
<sub>SUBJECΥ:</sub> Garçon	Media Group, LLC		
		i Llability Company)	
The enclosed Articles of	Organization and fee(s) are su	ubmitted for filing.	
Please return all correspond	ondence concerning this matte	r to the following:	
Patrick A. N	/larksbury		
	(1	Name of Person)	
Garçon Me	dia Group, LLC		
	(	Firm/Company)	
1790 Oakh	nurst Ave		
		(Address)	
Winter Par	rk, FL 32789		
	(City)	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Patrick A. Markst	oury	at (407) 378-415 (Area Code & Daytime To	8
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:	•	
S125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

TECHCOOTET 15:ZI 9007/91//0

Date: 08/23/2006 7:00 PM Eastern Time

To: Tammi Cline

From: Patrick A. Marksbury (407) 733-2623

Re: Letter number reference: 306A00041397

Hello Tami,

The documents that follow are being submitted to you via fax for the purpose of making one final correction to include a fourth MGRM by the name of Sharon L. Makini on our Articles of Organization, page 2 of 2. Please replace the other corresponding page that was faxed to you earlier today with the sheet that follows this cover page.

Thank you,

Patrick A. Marksbury

Garcon Media Group, LLC

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	<b>e:</b>	
The name of the Lim	nited Liability Comp	pany is:
Garçon Media Group	o, LLC	
(Must end with the words "	Limited Liability Compar	y, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Add		of the principal office of the Limited Liability Company is:
Principal Office Ad		Mailing Address:
Patrick A. Marksbury		Patrick A. Marksbury
1790 Oakhurst Ave		1790 Oakhurst Ave
Winter Park, FL 32789		Winter Park, FL 32789
	apany cannot serve as its o	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
The name and the Fl	orida street address	of the registered agent are:
1	Patrick A. Marksbury	
•		Name
	1790 Oakhurst Ave	The state of the s
	Florida	street address (P.O. Box <u>NOT</u> acceptable)
Ž	Winter Park	<sub>FL</sub> 32789
_	Cit	y, State, and 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 (REQUIRED)

(CONTINUED)
Page 1 of 2

Title:

Name and Address:

j., i 🕯

ARTICLE	IV.	Manageri	a) or I	Managing	Member(s)
ARTICLE.	T 4 -	MAHARCIC	3 J V J J	MANARINE	MICHBOCKS

The name and address of each Manager or Managing Member is as follows:

MGRM	1790 Oakhurat Ave Winter Park, FL 32789	
, MGRM	Winter Park, FL 32789	
MGRM		
	John E. King	1.0 20
	1018 Silver Palm Ln	三三
	Maitland, FL 32751	
MGRM	Adam Bilyeu	2006 AUG 23 SEURITARY TALLAHASS
	122 High Noon Lane	HO R
	Huntsville, AL 35805	
MGRM	Sharon L. Makini	8: 29 STATE LORIP
	91-1048 Wahipana St.	
	Kapolei, HI 96707	
	han the date of filing:	
REOUIRED SIGNATURE:		

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee

Patrick A. Marksbury

Filing Fees:

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

that the facts stated herein are true.)

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