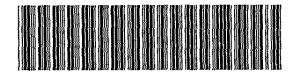
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Active Ads Publicity, LLC	-
(Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	-
Michael E. Martinez	
(Name of Person)	
(Firm/Company)	ąž.
6970 NW 186 Street Suite # 306	• • •
(Address)	<u> </u>
Miami Lakes, Florida, 33015	-
(City/State and Zip Code)	** *
For further information concerning this matter, please call:	
Por future information concerning this matter, prease can.	
Michael E. Martinez at (786) 942 0180	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	•
\$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & }\sum \text{\$155.00 Filing Fee & }\sum \text{\$160.00 Filing Fee, }\sum \text{\$Certificate of Status & }\sum \text{\$Certified Copy (additional copy is enclosed)}}\$	
Mailing Address Street/Courier Address Registration Section Registration Section Division of Corporations Division of Corporations	- · ·

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Active Ads Publicity, LLC			
(Must end with the words "Limited Liability Compar	ny, "Limited Company" or their abbreviation "LLC," or "L.C	.,")	*-
ARTICLE II - Address:			
The mailing address and street address	of the principal office of the Limited Liability	Compa	iny is:
Principal Office Address:	Mailing Address:		
6970 NW 186 Street Suite # 306	6970 NW 186 Street Suite # 306		-
Miami Lakes, Florida, 33015	Miami Lakes, Florida, 33015		M-3-1 ::
business entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an individual or a	nother 06 SEP	DIVISION
Michael E. Martinez	1000	28	무물근
	Name		
6970 NW 186 Stree	et Suite # 306	I	POS
Florida	street address (P.O. Box NOT acceptable)	ö	ATAT
Miami Lakes,	FL 33015	28	SKO!
Cit	ty, 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 (BEQUIRED)

(CONTINUED) Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Michael E. Martinez	<u>.</u>
WGK	6970 NW 186 Street Suite # 306	: : : : : : : : : : : : : : : : : :
	Miami Lakes, Florida, 33015	ė
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(Use attachment if necessary)		
(Use attachment if necessary)	10/02/2006 (ODTIO)	.: 145"
LE V: Effective date, if other than ffective date is listed, the date must	the date of filing: 10/02/2006 . (OPTION st be specific and cannot be more than five business of	NAL) lays prior
CLE V: Effective date, if other than effective date is listed, the date must	the date of filing: 10/02/2006 . (OPTION st be specific and cannot be more than five business d	NAL) lays prior
LE V: Effective date, if other than ffective date is listed, the date must days after the date of filing.)	the date of filing: 10/02/2006 . (OPTION st be specific and cannot be more than five business of	NAL) lays prior
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.)	the date of filing: 10/02/2006 . (OPTION st be specific and cannot be more than five business d	NAL)
LE V: Effective date, if other than ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	the date of filing: 10/02/2006 . (OPTION st be specific and cannot be more than five business of the s	NAL) lays prior
LE V: Effective date, if other than ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with of this document of	St be specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than the specific and cannot be specifically and cannot be specific and can	NAL) lays prior

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)