

**LD6000097126**

**Florida Department of State**  
**Division of Corporations**  
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**To:**

Division of Corporations  
 Fax Number : (850) 203-0383

**EFFECTIVE DATE**

9/27/06

**From:**

Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (850) 222-1092  
 Fax Number : (850) 878-5926

DIVISION OF CORPORATION

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RECEIVED

**FLORIDA/FOREIGN LIMITED LIABILITY CO**

**JCA Broadcasting, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	<b>\$160.00</b>

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TALLAHASSEE, FLORIDA

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EFFECTIVE DATE

9/27/06

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

JCA Broadcasting, LLC

(Must end with the words "Limited Liability Company," "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 Company is:

#### Principal Office Address:

1 SE Third Avenue

Suite 1450

Miami, FL 33131

#### Mailing Address:

1 SE Third Avenue

Suite 1450

Miami, FL 33131

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

C T Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation, Florida 33324

City, 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.

C T Corporation System

*Barbara A. Burke*  
Registered Agent's Signature (REQUIRED)

Barbara A. Burke  
Special Assistant Secretary

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**ARTICLE IV- Manager(s) or Managing Member(s):**  
The name and address of each Manager or Managing Member is as follows:

**Title:**  
"MGR" - Manager  
"MGRM" - Managing Member

**Name and Address:**

MGRM

Juan Carlos Aguirre-Corcuera  
3652 Lake Street  
Houston, TX 77098-5520

MGR

Barrett Alley  
401 N. Cromwell, Apartment G2  
Savannah, Georgia 31410

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: September 27, 2006 (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.)

Matthew L. Lebowitz

Typed or printed name of signer

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 6.00 Certificate of Stamps (Optional)

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