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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

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COVER LETTER

	gistration Se vision of Co			
SUBJECT	Diversi	fed Media Solutions, (Name of Limite	LLC ed Liability Company)	
The enclose	ed Articles o	f Organization and fee(s) are s	submitted for filing	
		ondence concerning this matt	_	
Au	stin B. S	mith		
			(Name of Person)	
Div	ersified	Media Solutions, LL	.c	
			(Firm/Company)	
85	01 Astro	onaut Blvd Suite#	5-202	
			(Address)	
Ca	pe Can	averal, Fl 32920		
		(City	//State and Zip Code)	
For further i	information ·	concerning this matter, please	call:	O6 NOV 27 PH I2: 2: SECRETARY OF STATE FALLAHASSEE FLORIDA
Austin B	. Smith		at (321) 987-9904	27 PH
	(Name	of Person)	(Area Code & Daytime Telephone Num	iber) The C
Enclosed is	s a check fo	r the following amount:		2: 22 PATE PAIDA
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certificat (additional copy is enclosed) Certified	00 Filing Fee, e of Status & Copy copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Diversified Media Solutions, LLC				
Must end with the words "Limited Liability Company, "Lim	ited Company" or their abbreviation "LLC," or "L.C.,")			
ARTICLE II - Address:				
	principal office of the Limited Liability Company is:			
The maining address and street address of the	principal office of the Elimica Elability Company is.			
Principal Office Address:	Mailing Address:			
8501 Astronaut Blvd, Suite 5-202	8501 Astronaut Blvd Suite 5-202			
Cape Canaveral, FL 32920	Cape Canaveral, FL 32920			
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) The name and the Florida street address of the	ristered Agent. You must designate an individual or applier			
Austin B. Smith				
Nam	e			
8501 Astronaut Blvd Suite	e 5-202			
Florida street a	ddress (P.O. Box NOT acceptable)			
Cape Canaveral	FL 32920			
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..

Registered Agent's Signature (REQUIRED)

(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:

"MGR" = Manager "MGRM" = Managing Member	•		
MGRM	Austin B. Smith		
	8501 Astronaut Blvd Suite 5-202		
	Cape Canaveral, FL 32920		
MGRM	Christopher P. Olsen		
	6200 Grissom Pkwy		
	Cocoa, FL 32927		
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	ne date of filing: December 01, 2006 be specific and cannot be more than	(OPTIONA fixe business dev	•
days after the date of filing.)	be specific and cannot be more than	nve business day	/s bi ioi
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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.)

Austin B. Smith

Typed or printed name of signee

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)