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(Re	equestor's Name))
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COVER LETTER

	gistration Se vision of Co			
SUBJECT:	Hewitt I	Marketing & Public Re	elations, LLC d Liability Company)	
The enclose	d Articles of	Organization and fee(s) are so	ubmitted for filing.	
Please retur	n all corresp	ondence concerning this matte	r to the following:	
Sco	ott K. He			
		0	Name of Person)	
Ma	ndelbau	m, Fitzsimmons & ⊢	lewitt, PA	TALL SE
		(Firm/Company)	7. G. 86
20	1 N. Fra	ınklin St., Suite 272	20	STER STER
			(Address)	E. A. E.
Ta	mpa, Fl	_ 33602		
		(City,	/State and Zip Code)	20 PA DA
For further	information (concerning this matter, please	call:	•
Scott K.	Hewitt		at (813) 221-0200 (Area Code & Daytime Te	0
	(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is	s a check fo	r the following amount:		
\$125.00	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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

	elations, LLC iability Company, "Limited Company" or their abbreviation	n "LLC," or "L.C.,")	
ARTICLE II - Address:	and address a Calca main aine i a Cinca a Calca I inci	ka da la fatilita e Canana da	_
The maining address and sire	eet address of the principal office of the Limi	ted Liability Company is	•
Principal Office Address:	Mailing Address:		
2818 W. Aquilla St.	2818 W. Aquilla St.		
Tampa, FL 33629	Tampa, FL 33629		
		Z	
(The Limited Liability Company cambusiness entity with an active Florid The name and the Florida str	Agent, Registered Office, & Registered And serve as its own Registered Agent. You must designate a registration.) reet address of the registered agent are: aum, Fitzsimmons & Hewitt, PA Name	an individual or another	7
201 N. F	Franklin St., Suite 2720		
	Florida street address (P.O. Box NOT acceptal	ole)	
Tampa	Fi. 33602		
	City, State, and Zip	•	
liability company at the p registered agent and agree t statutes relating to the pro	istered agent and to accept service of process jolace designated in this certificate, I hereby actoriate in this capacity. I further agree to compiper and complete performance of my duties, as frowed in this provided from the pr	cept the appointment as ly with the provisions of a nd I am familiar with and	11

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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	Name and Address:	
MGRM	Terri M. Hewitt	_
	2818 W. Aquilla St. Tampa, FL 33629	-
MGRM	Scott K. Hewitt	-
	2818 W. Aquilla St.	-
	Towns Et 22220	-
	14111pa, FL 33029 25 26	Π
		-
	<u>m</u> -< ⊆	
	T. T.	
	RIOF 2	-
(Use attachment if nece ARTICLE V: Effective date, if	other than the date of filing: December 12, 2006 (OPTIC	- ONAL)
(If an effective date is listed, the to or 90 days after the date of f	e date must be specific and cannot be more than five business	
REQUIRED SIGNAT	URE:	

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.)

Scott K. Hewitt

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)