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FLORIDA TALLAHASSEE.FLORIU

COVER LETTER

Division of Co			
SUBJECT:	JAM TV	LLC	
	(Name of Limi	ted Liability Company)	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	condence conferning this mat	tter to the following:	
-		(Name of Person)	O7 JAN SECKET
		(Firm/Company)	-3 SS
3	017 Mork	Drive	
		(Address)	07 07 081
TA	NAMASSET	Drice (Address) FlanDA 32 ty/State and Zip Code)	: 07 ORIDA
	(Ći	ty/State and Zip Code)	
	concerning this matter, pleas		·
J L	SHADE	at (1856) 37	1-3272
(Name	e of Person)	_ at (<u>\$58</u>) <u>32</u> (Area Code & Daytime 7	Celephone Number)
Enclosed is a check for	or the following amount:		
o \$125.00 Filing Fee	ρ \$130.00 Filing Fee & Certificate of Status	ρ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	ρ \$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 Addre Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JAM	TV 4	-LC		
(Must end with the words "Limited Liabi	lity Company, "Limited Com	pany" or their abbreviation	"LLC," or "LC.,")	
ARTICLE II - Address:		·		
The mailing address and street	address of the principa	al office of the Limite	d Liability Comp	any is:
Principal Office Address:	Ma	iling Address:		
3017 MUCK DR	INE &	(SAME)		
TAMAMASSEE, PL.	32301			
	 			
ARTICLE III - Registered As (The Limited Liability Company cannot s business entity with an active Florida reg	serve as its own Registered A	ce, & Registered Aggent. You must designate an	ent's Signature: individual or another	
The name and the Florida street	t address of the registe	red agent are:	IASS	
M	ARCO MO	LINET	EE G	in
	Name		AM II: 07 OF SINIL EE, FLORIDA	
30	17 MOCK	BRIVE	RIC RIC	
	Florida street address (I	P.O. Box NOT acceptable	9)	
TALL	LAHASSEE FL	32301		
	City, State, and Zip)		
Having been named as register liability company at the place registered agent and agree to	e designated in this ce	rtificate, I hereby acc	ept the appointme	nt as

Registered Agent's Signature (REQUIRED)

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..

(CONTINUED)

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGRM" = Managing Member	Homes Marier 3017 MOCK DRIVE TALLAMASSEE, FL 32301
MORM	Shade Lawel 3017 MOCK Drive Tallahassoe, FL 32301
MOLM	LAFRY DUNLAP 1000 COHFOR WOOD lene Wood ville, Fl., 33198
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
	e date of filing: (OPTION. t be specific and cannot be more than five busine
effective date is listed, the date must	
effective date is listed, the date musto or 90 days after the date of filing.) REQUIRED SIGNATURE:	or or an authorized representative of a member,
effective date is listed, the date must of or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with see	er or an authorized representative of a member of the cition 608.408(3), Florida Statutes, the execution On the cititutes an affirmation under the penalties of perjury.
REQUIRED SIGNATURE: Signature of a member of this document const that the facts stated here.	er or an authorized representative of a member of the cition 608.408(3), Florida Statutes, the execution ORT of the cition are true.
REQUIRED SIGNATURE: Signature of a member of this document const that the facts stated here.	er or an authorized representative of a member of the cititutes an affirmation under the penalties of perjury of the cititutes are true.)

ARTICLE IV- Manager(s) or Managing Member(s):

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