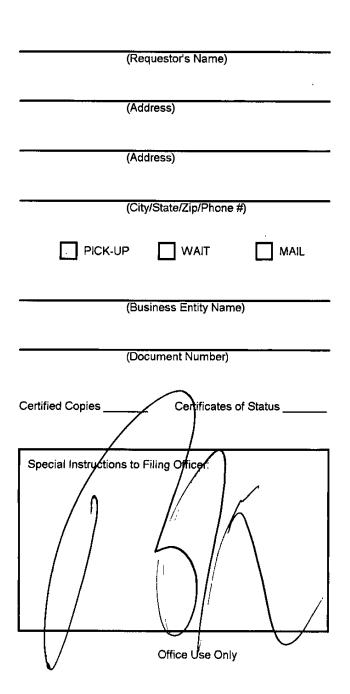
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LAZARUS CORPORATE FILING SERVICE

3320 SW 87 TH AVENUE	FE ST T
MIAMI, FL 33165 (305) 552-5973	
CORPORATION NAME(S) & DOCUMENT NU	Office Use Only MBER(S), (if known):
1. SPLASH MEDIA DIA	(Document #)
2(Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
Walk in Pick up time 2.00 Mail out Will wait Pho	Certified Copy
Profit	mendment esignation of R.A., Officer/Director nange of Registered Agent issolution/Withdrawal erger
Annual Report Fictitious Name For Li	STRATION/QUALIFICATION oreign mited Partnership einstatement
□ Tı	rademark ther

Examiner's Initials

CR2E031(7/97)

ARTICLES OF ORGANIZATION **FOR** FLORIDA LIMITED LIABILITY COMPANY

agree to

	ARTICLES	FOR SOF ORGANIZATION
	FLORIDA LIMIT	
ARTICLE I - The name of the	Name: ne Limited Liability Compa	ny is:
SPLASH MED	IA LLC	ن کی کی
ARTICLE II		the principal office of the Limited Liability Company is:
Principal Offi	ce Address:	Mailing Address:
2067 S. OCEAN	DR. SUITE #TH#5	2067 S. OCEAN DR. SUITE #TH#5
HALLANDALE	C-FL 33009	HALLANDALE-FL 33009
ARTICLE III	- Registered Agent, Regis	tered Office, & Registered Agent's Signature:
	- Registered Agent, Regis the Florida street address of	tered Office, & Registered Agent's Signature: the registered agent are:
	claudia czetyrko	the registered agent are:
	claudia czetyrko	
	CLAUDIA CZETYRKO 7660 SW 83 COURT	the registered agent are:
	CLAUDIA CZETYRKO CLAUDIA CZETYRKO 7660 SW 83 COURT Florida street addres	Name S (P.O. Box NOT acceptable)
	CLAUDIA CZETYRKO CLAUDIA CZETYRKO 7660 SW 83 COURT Florida street addres MIAMI	the registered agent are:

Page 1 of 2 (CONTINUED)

Registered Agent's Signature

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

Title:	Name and Address:
"MGR" = M "MGRM" =	anager Managing Member
MGRM	PAULA RODRIGUEZ PONTE
<u></u>	2067 S. OCEAN DR. SUITE #TH#5
	HALLANDALE-FL 33009
MGRM	DIEGO FERNANDEZ RAFFO
	2067 S. OCEAN DR. SUITE #TH#5
	HALLANDALE-FL 33009
	The state of the s
(I lee attachm	ent if necessary)
(Osc attachm	ent ii necessary)
NOTE: An a	additional article must be added if an effective date is requested.
DEGLUDED	
REQUIRED	SIGNATURE:
	422
s	ignature of a member or an authorized representative of a member.
0	In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury hat the facts stated herein are true.)
•	´
_	PAULA RODPIGUEZ VONTE Typed or printed name of signee
•	1) ped of printed name of signee