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(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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DIVISION OF CORPORATIONS

COVER LETTER

TO:	Registration Se Division of Co				
SUBJI	ECT: Strateg	ic Web Directories, L	LC		
		(Name of Limite	d Liability Company)		
The en	iclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.		
Please	return all corresp	ondence concerning this matte	er to the following:		
	Robert D. A	Ashby			
		(1	Name of Person)		
	Strategic W	eb Directories, LLC			
		(Firm/Company)		
	600 SW 19	98 Terrace			SINIG
			(Address)		FEB SIGNED
	Pembroke	Pines, FL 33029			-6 -6
		(City	/State and Zip Code)		AH I
For fu	rther information	concerning this matter, please	call:		OT FEB 16 AM 11: 09
Robe	ert D. Ashby		at (954) 682-663		
	(Name	of Person)	(Area Code & Daytime To	elephone Number)	
Enclo	sed is a check fo	or the following amount:			
\$12:	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing F Certificate of Status Certified Copy (additional copy is enclo	&
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio 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:		_ =
	3	NSE VISI
STRATEGIC WEB DIRECTORIES, LLC		田碧
(Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")	一 明明
STRATEGIC WEB DIRECTORIES, LLC (Must end with the words "Limited Liability Company. "Limited ARTICLE II - Address: The mailing address and street address of the print		A SECTION
The mailing address and street address of the prin	ncipal office of the Limited Liability Cor	mpany iso Si
		10
Principal Office Address:	Mailing Address:	9 %
600 SW 198 TERRACE	19451 SHERIDAN ST., #291	
PEMBROKE PINES, FL 33029	PEMBROKE PINES, FL 33332	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registered of the r	red Agent. You must designate an individual or anothe	
ROBERT D. ASHBY		02/12/01
Name		
600 SW 198 TERRACE	(DO D. NOT	
·	ess (P.O. Box <u>NOT</u> acceptable)	
PEMBROKE PINES	FL 33029	
City, State, an	od Zip	
Having been named as registered agent and to acliability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per accept the obligations of my position as register.	is certificate, I hereby accept the appointm I further agree to comply with the provis formance of my duties, and I am familiar v	nent as ions of all vith and

(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:

"MGRM" = Managing	mber	
MGR	ROBERT D. ASHBY	
	PEMBROKE PINES, FL 33029	
		75
		FEB 16
		AH II: 09
		09
		
(Use attachment if nece	rv)	
•		
ICLE V: Effective date, if	ner than the date of filing: Ol/12/257 ate must be specific and cannot be more than five	_, (OPTIONAL) husiness davs n
90 days after the date of f		business days p
	RE:	

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.)

ROBERT D. ASHBY

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)