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## **COVER LETTER**

	Registration Section Division of Corporations
SUBJEC	T: Prime Advertising, LLC (Name of Limited Liability Company)
The enclo	osed Articles of Organization and fee(s) are submitted for filing.
Please ret	turn all correspondence concerning this matter to the following:
	Tony Holbdy (Name of Person)
*****	Prime Advertising LLC (Firm Company)  414 SE 7th St.
	414 SE 7th St. (Address)
	Cape Coral FL 33990  (City/State and Zip Code)
For further	er information concerning this matter, please call:
	(Name of Person) at (239) 822-0478  (Area Code & Daytime Telephone Number)
Enclosed	is a check for the following amount:
፟ \$125.0	O Filing Fee \$\begin{array}{ c c c c c c c c c c c c c c c c c c c
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liab	ility Company is:
Prime Adverti	Sing, LLC.  sility Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and stree	address of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Cape Coral FL 33990	Same Ett 2
ARTICLE III - Registered A (The Limited Liability Company canno business entity with an active Florida	agent, Registered Office, & Registered Agent's Signature: serve as its own Registered Agent. You must designate an individual or another egistration.)
The name and the Florida stre	et address of the registered agent are:
Ton	Holbdy Name
414	SE 7th St.
_	Florida street address (P.O. Box NOT acceptable)
Cap	Coral FL 33990 City, State, and Zip
liability company at the pl registered agent and agree to statutes relating to the prop	ered agent and to accept service of process for the above stated limited ace designated in this certificate, I hereby accept the appointment as act in this capacity. I further agree to comply with the provisions of all are and complete performance of my duties, and I am familiar with and my position as registered agent as provided for in Chapter 608, F.S
<u>Jo</u>	ry Hollely stered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Fitle:</u> "MGR" = Manage "MGRM" = Mana		Name and Address:
MGRM		Tony Hollody 414 SE 7+h/St. Caro Coral FL 33990
		(apr (brat, FC 33990
(Use attachment if	f necessary)	
LE V: Effective d fective date is liste days after the dat	ate, if other than the ced, the date must be te of filing.)	date of filing: (OPTIONA specific and cannot be more than five business day
LE V: Effective defective defective date is listed days after the date is listed days after the date is listed days after the	ate, if other than the ced, the date must be te of filing.)  SNATURE:	specific and cannot be more than five business day
LE V: Effective defective defective date is listed days after the date is listed days after the date is listed days after the	ate, if other than the ced, the date must be te of filing.)  SNATURE:  Signature of a member (In accordance with sect	specific and cannot be more than five business days or an authorized representative of a member.  tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)