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Elorida Department of State

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Division of Corporations

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Account Name : BUSINESS FILINGS

Account Number: 105256001620 : (608)827-5300

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EEORIDA/FOREIGN LIMITED LIABILITY CO.

Growth Media Plus, LLC.

Certificate of Status	0
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FAX AUDIT # 407000554153

ARTICLES OF ORGANIZATION OF Growth Media Plus, LLC.

ARTICLE I

NAME

The name of the limited liability company shall be: Growth Media Plus, LLC.

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 5565 NW 58th Street, Ocala, Florida 34482.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Joe Stanavich, 5565 NW 58th; Street, Ocala, Florida 34482. Located in the County of Marion.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2047.

ARTICLE V

MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Joe Stanavich, 5565 NW 58th Street, Ocala, Florida 34482

Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,

Madison, WI 53717

(608) 827-5300

FAX AUDIT # 407050554153

FAX AUDIT # 4070000 554153

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Growth Media Plus, LLC.

The name and address of the registered agent and office is Joe Stanavich, 5565 NW 58th Street, Ocala, Florida 34482. Located in the County of Marion.

Having been named as registered agent and to accept service of process for the above stated company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of 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.

Signature:

Date: 2/27/07

Joe Stanavich

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SECRETARY OF STATE
TALLAHASSEE FLORIDA