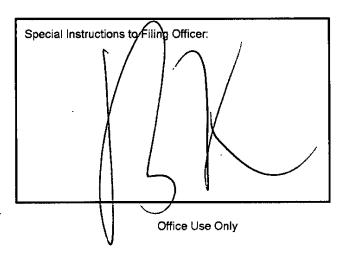
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(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status





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VISION OF CORPORATION



ACCOUNT NO. : 072100000032 REFERENCE: 942956 7146001 AUTHORIZATION : COST LIMIT : ORDER DATE: June 11, 2007 ORDER TIME : 2:20 PM ORDER NO. : 942956-005 CUSTOMER NO: 7146001 DOMESTIC FILING NAME: MSI PUBLICATIONS, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION ___ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY ____ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Doreen Wallace - EXT. 2928 EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR F	LORIDA LIMITED LIABILITY COMPANY
A Domestin B. B. V.	
ARTICLE I - Name: The name of the Limited Liability Company is	
The hance of the Limited Liability Company is	" Single
MSI Publications, LLC	Mar .
(Must end with the words "Limited Liability Company, "Limi	led Company or their above viation "LLC," or "L.C.,")
ARTICLE II - Address:	· · · · · · · · · · · · · · · · · · ·
The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
237 West 35th Street, 4th floor	237 West 35th Street, 4th floor
New York, New York 10001	New York, New York 10001
ARTICLE III - Registered Agent, Registere	d Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Reginess entity with an active Florida registration.)	
FTS	material at
The name and the Florida street address of the	registered agent are:
Corporation Service Co	ompany
Name	•

FL 32301 City, State, and Zip Having been named as registered agent and to accept service of process for the above stated limited liability 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 as provided for in Chapter 608, F.S.

Florida street address (P.O. Box NOT acceptable)

1201 Hays Street

Tallahassee

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Man "MGRM" = M	ager anaging Member	Name and Address:
Sole MGRN	<u>1</u>	Seth Gittlitz 237 West 35th Street, 4th floor New York, New York 10001
	······································	
		
LE V: Effective fective date is l	e date, if other than th isted, the date must	
LE V: Effective fective date is l days after the	e date, if other than th isted, the date must date of filing.)	ne date of filing: (OPTION be specific and cannot be more than five business d
LE V: Effective fective date is l days after the	e date, if other than the isted, the date must date of filing.) IGNATURE:	
	e date, if other than the isted, the date must date of filing.) IGNATURE: Signature of a member of a	be specific and cannot be more than five business of the open authorized representative of a member. Section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

A 20 10 1 1 1

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)