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(Re	equestor's Name)	
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Certified Copi es	_ Certificates	of Status
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BECRETARY OF STATE
LIT AND SEED TO SEED TO



ACCOUNT	NO.	:	072100000032

REFERENCE :

AUTHORIZATION:

COST LIMIT : \$ 125.00

ORDER DATE: August 31, 2007

ORDER TIME : 10:03 AM

ORDER NO. : 209106-005

CUSTOMER NO: 4338051

DOMESTIC FILING

NAME:

THUNDER ROAD MEDIA, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ____ PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS:

		FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name The name of the Limit	-	mpany is: Oany, "Limited Company" or their abbreviation "LLC," or "L.C.")
Thunder Road Media, LI		The state of the s
(Must end with the words "L	imited Liability Comp	oany, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Addr The mailing address a		s of the principal office of the Limited Liability Company is:
Principal Office Add	dress:	Mailing Address:
205 Worth Avenue, Paln	Beach, FL	205 Worth Avenue, Palm Beach, FL
	· · · · · · · · · · · · · · · · · · ·	
	<u></u>	
ARTICLE III - Regi (The Limited Liability Comp business entity with an acti	eany cannot serve as it	legistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another .)
The name and the Flo	rida street addres	ss of the registered agent are:
c	orporation Service C	Company
		Name
12	01 Hays Street	
	Florid	a street address (P.O. Box NOT acceptable)
Ti	allahassee	FL 32301 City, State, and Zip
	C	City, State, and Zip
liability company registered agent and statutes relating to	at the place desig agree to act in thi the proper and co	nt and to accept service of process for the above stated limited mated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of all implete performance of my duties, and I am familiar with and ion as registered agent as provided for in Chapter 608, F.S
	Corporation Service	
•	\cdot	CM 1 () actil
-	By: Kaul Registered Age	mt's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Memb	Name and Address:
MGR	James Kerwin 205 Worth Avenue Palm Beach, FL 33480
(Use attachment if necessary)	
ffective date is listed, the date	han the date of filing: (OPTION must be specific and cannot be more than five business da
LE V: Effective date, if other the fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE:	han the date of filing: (OPTION must be specific and cannot be more than five business da
Fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance of this docume)	must be specific and cannot be more than five business days the specific and cannot be more than five business days the member or an authorized representative of a member. The with section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury is stated herein are true.)

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