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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Registration So Division of Cor			
_{subject:} Moder	n City Media, L	LC.	
Sobober.		ited Liability Company)	
The enclosed Articles of	Organization and fee(s) are	e submitted for filing.	
Please return all correspo	ondence concerning this mat	tter to the following:	
William J.	Erfurth .		
		(Name of Person)	
Modern C	City Media, LLC	· ·	
		(Firm/Company)	
8551 Wes	st Sunrise Blvd.	. Suite 210	
***************************************		(Address)	
Plantation	n, FL. 33322		
	(Ci	ity/State and Zip Code)	
For further information c	concerning this matter, pleas	se call:	
William Erfurth 305 \ 970-4898			
(Name	of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for	r the following amount:		
\$125.00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Fee & Certificate of State Certified Copy (additional copy is enclosed)	us &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Compar	ny is:	
Modern City Media, LLC.		
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited L	iability Company is:
Principal Office Address:	Mailing Address:	
8551 West Sunrise Blvd. Suite 210 Plantation, FL. 33322		
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	Registered Agent. You must designate an indi-	
	•	LARE
<u>William J. Erfu</u>	AA 19	
	Name	SEE
	nrise Blvd. Suite 210	
	eet address (P.O. Box <u>NOT</u> acceptable)	STA 2
<u>Plantation</u>	_{FL} 33322	DE -
City, S	State, and Zip	•
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this ca	ed in this certificate, I hereby accept t	the appointment as

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:		Name and Address:		
"MGR" = Manag "MGRM" = Man				
MGR	William J. Erfurth			
MGK		se Blvd. Suite 210		
				
	Plantation, FL. 3	3322		
MGRM	Joe Sollecito			
	8551 West Sunris	e Blvd. Suite 210		
	Plantation, FL. 33	322		
MGRM	Joe Greco			
#1. ************************************		8551 West Sunrise Blvd. Suite 210		
	Plantation, FL. 3			
MGRM	Frank Pierce			
	8551 West Sunri	se Bivd. Suite 210		
	Plantation, FL. 3	33322		
	date, if other than the date of filing:	(OPTIONA	,	
(If an effective date is list to or 90 days after the days	ted, the date must be specific and cannot ate of filing.)	be more than five business day	ys prior	
<u>REQUIRED</u> SIG	GNATURE:			
	11/15/	SECTALL	3 = 7	
	Signature of a member or an authorized repre	esentative of a member.		
	(In accordance with section 608.408(3), Florida of this document constitutes an affirmation under that the facts stated herein are true.)	er the penalties of perjury		
	William J. Erfurth	F S 3	ō. 0	
	Typed or printed name of significant	gnee RE	2	

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)