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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : CSH SERVICES, LLC
Account Number : 120070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Preferred Marketing Ventures LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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EXAMINER

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

Preferred Marketing Ventures, LLC

ARTICLE II ADDRESS

The street address of the principal office of the Limited Liability Company is:

2811 NE 51st St Suite 7

Fort Lauderdale, FL 33308

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent are:

Timothy V Foster

2811 NE 51st Suite 7

Fort Lauderdale, FL 33308

Having been named as registered agent 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..

x 
TIMOTHY V FOSTER, Registered Agent's Signature

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

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PAGE 2 PREFERRED MARKETING VENTURES, LLC

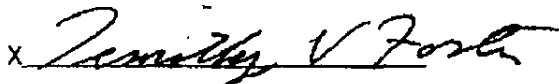
ARTICLE V MEMBERS (optional)

MANAGING MEMBER:

Timothy V Foster

2811 NE 51st St Suite 7

Fort Lauderdale, FL 33308

x 

Signature of a member or an authorized representative of a member
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Timothy V Foster

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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