Feb. 16 1921-23:4 P1 44. FAX DE SE P2 is iuons on of Corp Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000049862 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. \overline{s}

| To: | | 20 8 |
|-----------------|------------------------------------------|--------|
| Division of Co: | rporations | ZZ N F |
| Fax Number | - (850)617-6383 | |
| | | - H |
| From: | | |
| Account Name | : LAZARUS CORPORATE FILING SERVICE, INC. | |
| Account Number | | 55 |
| Phone | : (305)552-5973 | |
| Fax Number | : (305)220-1440 | ADE 28 |
| | · · | |

FLORIDA/FOREIGN LIMITED LIABILITY CO.

IXOYE WEBSITES, L.L.C.

| | Ele | ctronic | Filing Menu | Corporate Fili | ng Menu | HeIFXAMINER |
|--------|----------|----------|-------------|----------------|----------|---------------------|
| æ | 08 FI | TALL | | | | FEB 2 7 2008 |
| С Ш | | HETA | Estima | ted Charge | \$155.00 | T. CLINE |
| EIVEÖ | 9 | | Page Count | ount | 03 | |
| | M | FLORI | Certifie | ed Copy | 1 | |
| | 2: MI | N | Certific | cate of Status | 0 | |
| | 38 | μA | | | • | |

Electronic Filing Menu

Corporate Filing Menu

200

2.1.20.0007.001

FROM : LAZARUS

FAX NO. :3052201440

Feb. 26 2008 03:43PM P2

H08000049862

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

<u>IXOVE</u> <u>Websites</u>, <u>L.L.C.</u>, or "LLC." **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: ARTICLE III - Registered Agent, Registored Office, & Registered Agent's Signatures (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida rogistration.) The name and the Florida street address of the registered agent are: Raul G. Molina Name œ 10/4/ SW 40 ST Florida street address (P.O. Box <u>NO'f</u> acceptable) 28 M / M / PL 33/65City, 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page1 of 2

H08000049862

FROM LAZARUS

JRETARY OF AHASSEE, F

 \mathcal{O} LORIDA

7 G

2 ō

ထ္ $\overset{2}{8}$

H08000049862

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

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

'fitle;

Name and Address:

"MOR" = Manager "MGRM" = Managing Member

MGRM

(Use attachment if necessary)

(OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) 2000 0

REQUIRED SIGNATURE:

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 penaltics of perjury that the facts stated herein are true.)

Molina Kav. Typed or printed name of signee

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)

Page 2 of 2

H08000049862