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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : 120070000160

: (564) 456 9885 ия 1 Fax Number

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Murray Hill Press, LLC

Certificate of Status	0
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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:

Murray Hill Press, LLC

### ARTICLE II ADDRESS

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

10800 Biscayne Blvd. suite 820 North Mlami, Florida 33161

## ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

Jennifer V Valoppi 10800 Biscayne Blvd. suite 820 North Miami, Florida 33161

Having been named as registered agent to accept service of process for the above stated limited Hability 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..

Jennifer Valoppi / Registered Agent's signature

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Murray Hill Press, LLC

ARTICLE IV MANAGEMENT

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

#### ARTICLE V MEMBERS (optional)

Managing Member
Jennifer V Valoppi
10800 Biscayne Blvd. suite 820
North Miami, Florida 33161

Signature of a member of all 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.

Jennifer V Valoppi

