LOSOCOHALOLO

6.4				
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(Address)				
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PICK-UP WAIT MAIL				
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04/28/08--01054--004 **160.00

Effective Date 4/2000

SECRETARY OF STATE DIVISION OF CORPORATIONS

8. Tedlock APR 3 0 2008

COVER LETTER

Division of Corporations	
SUBJECT: WEMERGE Publis	shing, LLC
00D0EC1:	e of Limited Liability Company)
The enclosed Articles of Organization and	fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Jonathan Vinazza	
	(Name of Person)
ULS Media Solutions,	Inc
	(Firm/Company)
2000 Banks Rd. STE	213-i
	(Address)
Margate, Florida, 330	63
	(City/State and Zip Code)
For further information concerning this may	tter, please call:
Jonathan Vinazza	at (954) 234.2642
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following an	mount:
\$125.00 Filing Fee \$130.00 Filing Certificate of	
Mailing Address Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion Registration Section porations Division of Corporations Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTI	CLI	S L	- N	a	me	:
Thone	ma	۸f	tha	T	im	٠

The name of the Limited Liability Company is:

WEMERGE Publishing, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," 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:	. 80	: : () :
2000 Banks Rd. STE 213-i	2000 Banks Rd. STE 213-i	_ PR	286
Margate, Florida, 33063	Margate, Florida, 33063	- 823 - 8	
	tered Office, & Registered Agent's Signatu Registered Agent. You must designate an individual or anot	Pls	OF STATE
The name and the Florida street address of	the registered agent are:	209b	

ULS Media Solutions, Inc.

Name

2000 Banks Rd. STE 213-i

Florida street address (P.O. Box NOT acceptable)

2000 Banks Rd. STE 213-1- Margate, F1, 33063

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) 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: "MGR" = Manage "MGRM" = Manage		Name and Address:	
	CEO	_	Jonathan Vinazza 6501 Winfield Blvd. apt 20A Margate, Florida, 33063	_
	MGRM		Dawn Dubruiel	_
		_	5901 NW 71st Ave	_
			Tamarac, FL, 33321	- -
				-
				_
		_		- -
				_
d.	(Use attachment if	f necessary)		
(If an	TICLE V: Effective do not effective date is listen 90 days after the date not recovered the date of th	ate, if other than the dated, the date must be space of filing.)	te of filing: 4/22/08 . (OPTIO pecific and cannot be more than five business if an achorized representative of a member.	
÷		(In accordance with section of this document constitute that the facts stated here	n 608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury in are true.)	
		Jonathan Vinaz	78	

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)

Typed or printed name of signee