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PICK-UP WAIT I	MAIL		
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T. CLINE
MAY - 1 2008
EXAMINER

COVER LETTER

TO: Registration : Division of C			
_{subject:} Mare	my Media Prom	notions, LLC	
	(Name of Limi	ted Liability Company)	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
Maritza I	Pinto	•	
.		(Name of Person)	
		(Firm/Company)	
20373 S	SW 131 Ct.		
		(Address)	
Miami, F	lorida 33177		
	(Ci	ty/State and Zip Code)	
For further information	concerning this matter, pleas		
Maritza Pinto		at (Area Code & Daytime Telephone Number) A 305 A 30	J 5 ¶
(Name	e of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check f	or the following amount:) 10 10 10 10 10 10 10 10 10 10 10 10 10 10 1	FTY
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclosed)	
	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

ARTICLE I - Name:

Maremy Media Promotions, LL (Must end with the words "Limited Liability				
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
20373 SW 131 Ct. Miami, FI 33177	20373 SW 131 Ct. Miami, FI 33177			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the re	red Agent. You must designate an individual or another			
Maritza Pinto				
Name 20373 SW 131 Ct. Florida street address (P.O. Box NOT acceptable) Miami FL 33177				
City, State, an	d Zip			
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per.	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of al formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S			

(CONTINUED)
Page 1 of 2

Registered Agents Signature (REQUIRED)

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Erik M. Pinto 20373 SW 131 Ct. Miami, FI 33177 MGR Maritza Pinto 20373 SW 131 Ct. Miami, FI 33177 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _. (OPTIONAL) (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.) **REQUIRED SIGNATURE:** Signature of a member of 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.) Erik M. Pinto

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

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

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee