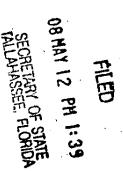
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
	v.	58-14531

Office Use Only



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MAY 1 3 2008

COVER LETTER

Registration Section

TO:

Division of Cor	porations		
SUBJECT: Va	OX Populi, L (Name of Limited	40	
Semiler:	(Name of Limited	d Liability Company)	. 0
			SEC SEC
The enclosed Articles of	Organization and fee(s) are su	abmitted for filing.	
Please return all correspo	endence concerning this matte	r to the following:	SS TO
<i>K</i>	<u>jeith Stenovi</u>	tch	
	lox Populi,	Firm/Company)	· 9''
3	:001 South	OCCOW Dr. # (Address) (Address) (State and Zip Code)	745
<i>H</i>	to llywood, FL	. 33019	
	(City/	(State and Zip Code)	
For further information c	oncerning this matter, please	call:	
heith St	enovitch	at (850) 454 (Area Code & Daytime Tele	-5400
(Name o	of Person)	(Area Code & Daytime Tele	ephone Number)
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee [\$130.00 Filing Fee & [Certificate of Status	\$155.00 Filing Fee & 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 C	

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 19, 2008

KEITH STENOVITCH 3001 SOUTH OCEAN DR. #745 HOLLYWOOD, FL 33019

SUBJECT: VOX POPULI, LLC Ref. Number: W08000014531



We have received your document for VOX POPULI, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 608A00016588

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,	Mul Jo: Division of Corporations
	P.O.BOX 6327
	Tallahassee, FL. 32314 20 3
	M. (850) 245-6051
	Articles of Organization
	Acticles of Organization 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
•	
	111-1-11
	KEITH STENOVITCH
	2001 GOUTH MOLANI DO # 115
	3001 SOUTH OCEAN DR. # 145
	HOLLY WOOD, FL : 33019
	1,100,100,700,700,700,700,700,700,700,70
•	Ph. 850-454-5400
·	
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. 1)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Wox Populi, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "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 Companies:
Principal Office Address: Mailing Address:
3001 South Ocean Dr.#745 3001 South Ocean Dr. #745 Hollywood, FL. 33019 Hollywood, FL. 33019
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Meith A. Stonovitch
BOOI SOUTH OCEAN DY # 145 Florida street address (P.O. Box NOT acceptable)
Holly wood FL 33019 City, 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)

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Meith Stenovitch 3001 S. Ocean Dr. +745 ES Hollywood, FL. 33019
	
	and the second s
(Use attachment if necessary)	
CLE V: Effective date, if other than the	e date of filing: (OPTIONAL) be specific and cannot be more than five business days
CLE V: Effective date, if other than the effective date is listed, the date must be	e date of filing: (OPTIONAL pe specific and cannot be more than five business days
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	pe specific and cannot be more than five business days
CLE V: Effective date, if other than the effective date is listed, the date must be 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document constitution that the facts stated	pe specific and cannot be more than five business days ever an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury

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)