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| Certified Copies          | Certificates      | of Status |
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| Special Instructions to F | Filing Officer:   |           |
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SECRETARY OF STATE

D. BRUCE

MAY 16 2008

**EXAMINER** 

## **COVER LETTER**

| TO: Registration S<br>Division of Co |   |  |  |   |  |
|--------------------------------------|---|--|--|---|--|
| <sub>SUBJECT:</sub> Viera            | Audio Visual LLC  |  |  |   |  |
| . Sobblet.                           | (Name of Limit  | ted Liability Compa                                  | ny)  |   |  |
| The enclosed Articles o              | f Organization and fee(s) are   | submitted for filing                                 | <u>;</u> .   |   |  |
| Please return all corresp            | ondence concerning this mat   | ter to the following                                 | :  |   |  |
| Kelly Sarta                          | ain   |  |  |   | <u>,                                      </u> |
|                                      |   | (Name of Person)                                     |  |   |  |
| Viera Aud                            | io Visual LLC   | •  |  |   |  |
|                                      |   | (Firm/Company)                                       |  |   |  |
| P. O. B. 3                           | 60612   |  |  |   |  |
|                                      |   | (Address)  |  | TA  | 0  |
| Melbourne                            | e, Florida 32936-0  | 612  |  | LL AI   | WAH 80   |
|                                      | (Cit  | ty/State and Zip Code                                | )  | ASS   | 7 15   |
|                                      |   |  |  | ḿ≺<br>Mc  | 3  |
| For further information              | concerning this matter, pleas   | e call:  |  | FLS   | 3  |
| Kelly Sartain J                      | г.  | at ( 321   | 506-071  | 5 TATE  | 5:12   |
| (Name                                | of Person)  | (Area Code   | e & Daytime Tele   | ephone Number   | ••   |
| Enclosed is a check for              | or the following amount:  |  |  |   |  |
| \$125.00 Filing Fee                  | \$130.00 Filing Fee & Certificate of Status   | \$155.00 Filing<br>Certified Cop<br>(additional copy | py   | \$160.00 Filing For Certificate of State Certified Copy (additional copy is expressed in the copy in the copy in the copy is expressed in the copy in the cop | tus &  |
|                                      | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registrati<br>Division<br>Clifton B<br>2661 Exe      | ourier Address<br>on Section<br>of Corporations<br>uilding<br>centive Center Cee, FL 32301 |   |  |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Viera Audio Visual LLC   |  |         |
|--|--|---------|
| (Must end with the words "Limit  | ted Liability Company, "L.L.C.," or "LLC.")            |         |
| ARTICLE II - Address: The mailing address and street address of  | f the principal office of the Limited Liability Compa  | any is: |
| Principal Office Address:  | Mailing Address:                                       |         |
| 2852 Maderia Circle  | P.O. Box 360612  |         |
| Melbourne, Florida 32935   | Melbourne, Florida 32936-0612                          |         |
| business entity with an active Florida registration.)  | $\sqsubseteq \underline{\mathbb{C}}$                   |         |
| The name and the Florida street address of Kelly Sartain Jr.   | An)<br>Asser   |         |
| The name and the Florida street address of Kelly Sartain Jr.   | Name SEE F   |         |
| The name and the Florida street address of Kelly Sartain Jr.  2852 Maderia C   | Name SEE F   |         |
| The name and the Florida street address of Kelly Sartain Jr.  2852 Maderia C   | Name  Circle  Street address (P.O. Box NOT acceptable) |         |
| The name and the Florida street address of Kelly Sartain Jr.  2852 Maderia C Florida street address of Kelly Sartain Jr. | Name  Circle  Street address (P.O. Box NOT acceptable) |         |

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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Kelly Sartain Jr. P.O. Box 360612 Melbourne, Florida 32936 MGR Rhonda Sartain P.O. Box 360612 Melbourne, Florida 32936 (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 or an authorized representative of a member.

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)

Kelly Sartain Jr.

that the facts stated herein are true.)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury.

Typed or printed name of signee