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Special Instructions to Filing	g Officer:
	A. LUNT
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RECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

COVER LETTER

Division of Co			
SUBJECT:	nwin Adve (Name of Limi	ntising LLC ted Liability Company)	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspondent	ondence concerning this ma	tter to the following:	
Ma	rc Letour	Nume of Person)	
$-\omega_i$	rc Letour nwin Adve	rtising LLC	
	2 Canterb	(Time Company)	ZRBB J SECRE
	asselberry	•	JUN -2 F
	concerning this matter, pleas	. ,	P 4: 10 F STATE FLORID
Marc Le- (Name	Lourneau of Person)	at (407) 227- (Area Code & Daytime To	9263.
Enclosed is a check fo	r the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Winwin Advertising (Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1432 CANTER BURY CIR CASSELBERY, FL 32707	Same.
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
Marc Leto Name	
1432 Capter Florida street add	porty cir. Iress (P.O. Box NOT acceptable)
Cosselberry City, State, a	FL 32707 FG N T
liability company at the place designated in to registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and
More Xx	stered agent as provided for in Chapter 608, F.S
Registered Agent's Signati	ure (REQUIRED)

(CONTINUED) Page 1 of 2

	ager(s) or Managing Member(s): s of each Manager or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing	Name and Address: g Member
MGRM	Marc Letourneau 1432 Canterbury cir
MGR	Deborah Letourneau 1432 Canterbury cir Cosselberry chr. 32707.
	if other than the date of filing: 5/27/2008. (OPTIONAL) he date must be specific and cannot be more than five business days prior
REQUIRED SIGNA	- 1
Sign	nure of a member or an authorized representative of a member
(In a	coordance with section 608.408(3), Florida Statutes, the execution is document constitutes an affirmation under the penalties of perjury at the facts stated herein are true.)
	Typed or printed name of signee
Filing Fees	SS F O

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent \$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)