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Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : PAUL M. BLOOMGARDEN, P.A.
Account Number : I20010000022
Phone : (954) 370-2222
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

CONTACT MARKETING ~~INC~~ GROUP, LLC

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EXAMINER



June 6, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PAUL M BLOOMGARDEN, PA

SUBJECT: CONTACT MARKETING, LLC
REF: W08000027706

*New: CONTACT MARKETING GROUP, LLC
Thank you*

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P06000008296 (CONTACT MARKETING, INC).

If you have any further questions concerning your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H08000145857
Letter Number: 008A00035202

P.O BOX 6327 - Tallahassee, Florida 32314

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**ARTICLES OF ORGANIZATION
OF
CONTACT MARKETING GROUP, LLC**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I — NAME

The name of the Limited Liability Company shall be CONTACT MARKETING, ^{GROUP, LLC} LLC ("Company").

ARTICLE II — ADDRESS

The mailing address and street address of the principal office of the Company shall be 10097 Cleary Boulevard, Suite 106, Plantation, Florida 33324.

ARTICLE III — REGISTERED OFFICE AND AGENT

The name and the Florida street address of the registered agent is Paul M. Bloomgarden, Esq., 8551 W. Sunrise Blvd., Suite 208, Ft. Lauderdale, FL 33322.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an Authorized Representative of a member and acknowledged them to be my act this 5 day of June, 2008.



PAUL M. BLOOMGARDEN, Authorized Representative

(In accordance with section 608.408(3), Florida Statutes, the execution of this change constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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GROUP, LLC
CONTACT MARKETING

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. 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 under Chapter 608, Florida Statutes.

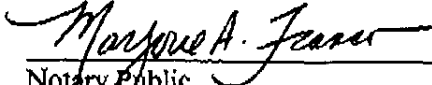
(In accordance with section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)



PAUL M. BLOOMGARDEN
Registered Agent

STATE OF FLORIDA
COUNTY OF BROWARD

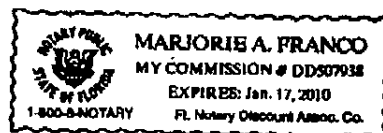
Sworn to and subscribed before me this 5 day of June, 2008, by PAUL M. BLOOMGARDEN, who is personally known to me or has provided his Florida driver's license as identification.



Notary Public

My Commission expires:

(SEAL)



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