L'08000059296

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
A. LUNT						
JUN 17 2008						

EXAMINER

Office Use Only



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06/16/08--01030--028 **155.00

COVER LETTER

TO:	Registration S Division of Co									
SHRI	SUBJECT: High Profile Marketing "LLC."									
3010	(Name of Limited Liability Company)									
The e	nclosed Articles o	of Organization and fee(s) are	e submitted for filin	ng.						
Please	return all corres	ondence concerning this ma	atter to the following	ıg:						
	Robertson	T. Stribling								
		***************************************	(Name of Person)			_				
			(F:/Co		··					
	404.0 (1)	0 5 " 500	(Firm/Company)							
	101 South	Seas Dr. # 506	(444)			_				
			(Address)		ESEC SEC	-17				
	Jupiter, FI	orida 3347	77		至 皇					
		(Ci	ity/State and Zip Coo	le)	15.5 7.8.7 9.1	- T				
For fu	rther information	concerning this matter, pleas	se call:		E.F.ST	C				
Rob	Stribling		at (305	, 896-750	1: 38 ORID)					
	(Name	of Person)	(Area Co	de & Daytime Tel	ephone Number)					
Enclo	sed is a check for	or the following amount:								
\$125.00 Filing Fee \$130.00 Filing Fee Certificate of Status		\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co (additional cop		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose					
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton I 2661 Ex	Courier Address tion Section a of Corporations Building ecutive Center Cosee, FL 32301						

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
High Profile Marketing "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 prin	ncipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
101 South Seas Dr. # 506	101 South Seas Dr. # 506			
Jupiter, Florida 33477	Jupiter, Florida 33477			
(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 registration. Rob Stribling Name 101 S. Seas Dr. # 506	gistered agent are:			
	ss (r.o. box <u>nor</u> acceptable) 🖔			
Jupiter City, State, and	FL 33477			
Having been named as registered agent and to ac liability company at the place designated in thi registered agent and agree to act in this capacity. statutes relating to the proper and complete perfe	cept 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 all formance of my duties, and I am familiar with and ired agent as provided for in Chapter 608, F.S			

(CONTINUED)
Page 1 of 2

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:

<u>Title:</u>	Name and Address:		
"MGR" = Manager			
"MGRM" = Managing Member			
MGR	Rob Stribling 101 S. Seas Dr. # 506		
	Jupiter, Fl 33477		
	4-11-4-11-11-11-11-11-11-11-11-11-11-11-		

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(Use attachment if necessary)	1. 00U / 12 4 G (Phoreov)	• .	
ARTICLE V: Effective date, if other than the	date of filing: <u>6-12-08</u> . (OPTIONA		
	e specific and cannot be more than five business day	s prior	
to or 90 days after the date of filing.)	是 歷 乙	-	
	JUN ETA AAS	!	
	920 —	() Martines	
REQUIRED SIGNATURE:		į.	
		m	
	97		
Standard of america	er of an authorized representative of a member.		
Signature of a vicinite	er or an authorized representative of a member.		
(In accordance with sec	ction 608.408(3), Florida Statutes, the execution		
of this document const	itutes an affirmation under the penalties of perjury		
that the facts stated h	nerein are true.)		
P.1.T.	7 57:11:		
	vped or printed name of signee		
1 9	ped of printed name of signee 7		

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)