L08000071129

| (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: |
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Effective Date 07/08/08

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SECRETARY OF STATE
LALLAHASSEE, FLORIDA

T. HAMPTON

JUL 2 4 2008

EXAMINER

COVER LETTER

TO:

Registration Section

| Division of Corporations | |
|---|---|
| SUBJECT: EXPERIENCE MA | GAZINE LLC. |
| | ited Liability Company) |
| The enclosed Articles of Organization and fee(s) are | e submitted for filing. |
| Please return all correspondence concerning this ma | atter to the following: |
| Eluzanne Etienne | |
| | (Name of Person) |
| | |
| | (Firm/Company) |
| 3532 N Dixie Hwy | |
| | (Address) |
| Boca Raton, FL 33431 | |
| (C | ity/State and Zip Code) |
| For further information concerning this matter, please | se call: |
| Eluzanne Etienne | at (561) 929-8768 |
| (Name of Person) | (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: | |
| \$125.00 Filing Fee \$\times \text{Certificate of Status}\$ | S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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 Circle |



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

July 14, 2008

ELUZANNE ETIENNE P O BOX 276185 BOCA RATON, FL 33427

SUBJECT: EXPERIENCE...LLC Ref. Number: W08000033138

We have received your document for EXPERIENCE...LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 G32444 (THE EXPERIENCE, INC).

Please return the corrected original and one copy of your document, along with 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) 245-6855.

Letter Number: 108A00041121

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Effective Date 07/08/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | | | |
|---|---|---|--|--|
| The name of the Limited Liability Compar | ny is: | | | |
| EXPERIENCE MAGAZINE 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 Company is: | | | | |
| | | | | |
| 3532 N Dixe Hwy Boca Raton, FL 33431 | PO Box 276185 Boca Raton, FL 33427 | | | |
| | | | | |
| ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) | | | | |
| The name and the Florida street address of | the registered agent are: | | | |
| Eluzanne Etier | nne | | | |
| | Name | | | |
| 3532 N. Dixie | Hwy eet address (P.O. Box NOT acceptable) | | | |
| Boca Raton, F | • • • • • | | | |
| · · · · · · · · · · · · · · · · · · · | State, and Zip | | | |
| Having been named as registered agent an liability company at the place designate registered agent and agree to act in this castatutes relating to the proper and comple accept the obligations of my position as | ed in this certificate, I hereby accept pacity. I further agree to comply v ete performance of my duties, and i | ot the appointment as with the provisions of all I am familiar with and | | |
| Registered Agent's | Signature (REQUIRED) | PIL SECRBIABY TALLAHASSE | | |
| (CON | NTINUED) | ILED II AMIO: (EY OF STATE SEE, FLORID | | |

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

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

| MGR | Eluzanne Etienne 3532 N Dixie Hwy |
|-------------------------------|--------------------------------------|
| | Boc Raton, FL 33431 |
| | |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |

REQUIRED SIGNATURE:

Signature/of a member or an authorized representative of a member.

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

Eluzanne Etienne

Typed or printed name of signee

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)

Page 2 of 2