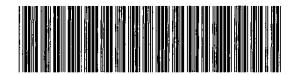
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity-Name)
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

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M. THOMAS

JUL 2 5 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: AVENUES MEDIA GROUP LLC (Name of Limited Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
MICHAEL A. GAINES II		
(Name of Person)		
AVENUES MEDIA GEOUP LLC		
(Firm/Company)		
9526 ARBYLE FOREST BLVD SUITE B2-416 ER (Address)	08 JUL 24 AM 10: 44	-:1
ARKSONVIUS, FLORIDA 32222 (City/State and Zip Code)	产星	77
(City/state and Zip Code)	ë	
For further information concerning this matter, please call:	「三	
MICHAEL A. GRAWES II at (984) 718-2827  (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address Registration Section Registration Section		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:	
AVENUES MEDIA GROUP LLC (Must end with the words "Limited Liabil	
(Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the po	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9524 ALBYLE POLEST SLVD SULTE BR-416 JACKSONVILLE, FL 32222	SUITE BR-WILL PC 32222
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)	
The name and the Florida street address of the r	egistered agent are:
MICHAEL A. BININEL Name	, I
952U ARBYLE FORE Florida street add	STE B2-416 dress (P.O. Box <u>NOT</u> acceptable)
ACKSONVILLE City, State, a	FL 32222 and Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe accept the obligations of my position as regi	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Registered Agent's Signat	ure (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	
MGR	MICHAEL A. GAINES I
	ARCKSONVIUE, R. 32244
MGh	YALANDA D. BAINBS
· (GF)	7850 INVELNELLE BLVD N
	HACCSONVICE, PC. 52244
	700 JU 21
	AND: L'
	- Contraction of the second of
(Use attachment if necessary)	
ARTICLE V: Effective date, if other tha	on the date of filing: $\frac{7}{2}$ /2008. (OPTIONAL)
If an effective date is listed, the date m	ust be specific and cannot be more than five business days prior
o or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	
Signature of a n	ember or an authorized representative of a member.
of this document	rith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury tated herein are true.)
M ICHAE	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)