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| PICK-UP WAIT MAIL |
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| (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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SECRETARY OF STATE

T. CLINE

OCT - 7 2008

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|-------|
| SUBJECT: Belinews, 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: | |
| Thanh Quang Nguyen | |
| (Name of Person) | |
| Belinews, LLC | |
| (Firm/Company) | |
| 2081 SW Marblehead Way | |
| (Address) | |
| Port St. Lucie, FL 34953 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| Thanh Quang Nguyen at 800 568-7796 | |
| (Name of Person) (Area Code & Daytime Telephone Number) | |
| | ada J |
| S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) (additional copy is enclosed) (additional copy is enclosed) | |
| Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Corporations Clifton Building Tallahassee, FL 32301 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company | <i>t</i> is: | | | | |
|--|--|---|--|--|--|
| Belinews, LLC | | | | | |
| (Must end with the words "Limited L | 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: | | | | | |
| Principal Office Address: | Mailing Address: | | | | |
| 2081 SW Marblehead Way Port St. Lucie, FL 34953 | 2081 SW Marblehead Way Port St. Lucie, FL 34953 | | | | |
| | 1 011 01. Eddie, 1 E 04000 | | | | |
| ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the Thanh Quang N | Registered Agent. You must designate an indivi | idual or another | | | |
| · | ame | ECR ECR | | | |
| Port St. Lucie, F | et address (P.O. Box NOT acceptable) | 2008 OCT -6 PM 1: 1 SEGRETARY OF STAT ALLAHASSEE.FLORI | | | |
| Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as r | I in this certificate, I hereby accept the acity. I further agree to comply with the performance of my duties, and I and registered agent as provided for in C | ne appointment as n the provisions of all n familiar with and | | | |

(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:

| MGR | 2081 SW Marblehead Way |
|--|---|
| | Port St. Lucie, FL 34953 |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necess | ary) |
| CLE V: Effective date, if o effective date is listed, the of days after the date of fili | her than the date of filing: october-04, 2008. (OPTIONAl late must be specific and cannot be more than five business da |

W/A...\ /\/N

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.)

Thanh Quang Nguyen

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)

SECRETARY OF STATE