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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corp			
SUBJECT: EX	+ro Medio	um Producti ed Liability Company)	ions LLC
The enclosed Articles of O	organization and fee(s) are s	submitted for filing.	
Please return all correspond	dence concerning this matte	er to the following:	
Chc	is Poland	Name of Person)	
Extr	a Medium P.	roductions LL (Firm/Company)	Ċ
700	Cherry St	(Address)	
Nepture	Beach, FL	322-66 //State and Zip Code)	
	ncerning this matter, please		
Chris Pol	Person)	at (904) 945- (Area Code & Daytime Tel	7493 ephone Number)
Enclosed is a check for t	he following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & 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 Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Extra Medium Prode (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
,	
Principal Office Address:	Mailing Address:
700 Cherry St Neptune Beach, FL 32266	700 Cherry St Nepture Buh, FL 32266
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re Chris Po Name 700 Cherr Florida street addr Mepture Bch City, State, an	egistered agent are: A A A A

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. 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 as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

The name and addre	ss of each Manager or Managing Member is as follows:	
<u>Title:</u> "MGR" = Manager "MGRM" = Manag	Name and Address: ng Member	
MGRM	Chris Polund 700 Cherry St Nepture Bah, FC 32266	
MGRM	Grant Nielsen 5538 Duke 17d Jacksonville, FL 32207	
MGRM	Cary Jordan 10075 Gate Parkway N #1212 Jucksonville, FL 32246	
MGRM	Jeff Byrd 94 Armour Rd Whittier, NC 28789	
(Use attachment if t	ecessary) more on next page	
ARTICLE V: Effective dat	e, if other than the date of filing: (OPTIONAL) the date must be specific and cannot be more than five business days prior	•
REQUIRED SIGN	ATURE:	T A
Si	gnature of a member or an authorized representative of a member.	estron estron
Į)	accordance with section 608.408(3), Florida Statutes, the execution this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Christopher C Polond Typed or printed name of signee	

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

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Article IV (Contid)

Name un address:

MGRM

James Starr 13479 Stone Pond Dr Jacksonville, FL 32224

MGRM

Jameyel Johnson
1121 W Church St. Loft 618

Jacksonville, FL 32202