

Division of Corporations

Page 1 of 3

L08000105419

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000255041 3)))



H080002550413ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

L. SELLERS

NOV 13 2008

EXAMINER

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

FLORIDA/FOREIGN LIMITED LIABILITY CO.**Websitez, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED
08 NOV 12 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
08 NOV 12 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H08000255041

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Websitez, 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:

7800 1st St. N.

7800 1st St. N.

St. Petersburg, FL 33702

St. Petersburg, FL 33702

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

Leif Nissen

Name

7800 1st St. N.

(P.O. Box or Mail Drop Box NOT Acceptable)

St. Petersburg, FL 33702

(City / State / Zip)

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.

Leif Nissen

Registered Agent's Signature - Leif Nissen

H08000255041

08 NOV 12 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

H08000255041

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Leif Nissen - 7800 1st St. N., St. Petersburg, FL 33702

MGRM

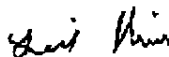
Loren Baker - 10359 Carrollwood Lane, Apt. 157, Tampa, FL 33618

MGRM

Darrell Long - 16168 NW 15th St., Pembroke Pines, FL 33028

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Leif Nissen

Typed or printed name of signee

FILED

08 NOV 12 AM 8:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

H08000255041