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.

(((H090000841593)))

H090000841593ABC3

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

To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : LAW OFFICE OF RENE' G VANDEVOORDE

Account Number : 120040000140 Phone : (772)589-4353

Fax Number : (772)388-5514

RY OF STATE SEER. FLORIDA

19 APR -9 AM 10: 12

FLORIDA/FOREIGN LIMITED LIABILITY CO2

Nikigen Media, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

A. LUNT

APR 10 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

(((H090000841593)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is NIKIGEN MEDIA, LLC.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 594 Cross Creek Circle, Sebastian, Florida 32958.

SEI	2009	
A POR	i	
RY O	9 A	П
FLO	H Ö:	
골습		
P	10	
	EUREBARY OF STATE	9 APR -9 AN 10: 12 ECREMARY OF STATE LLAHE SSEE. FLORID

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, Florida States.

Registered Agent's Signature

(((H090000841593)))

ARTICLE IV - MANAGER(S) OR MANAGING MEMBER(S)

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Mario A. Critelli 594 Cross Creek Circle Sebastian, FL 32958
MGRM	Karen R. Critelli For Sebastian, FL 32958 FOR Sebastian, FL 32958
	OF STATE CORIDA
NOTE: An additional article requested.	must be added if an effective date is

REQUIRED SIGNATURE:

Signature of member or authorized representative

(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.)

___Mario A. Critelli___ Typed or Printed name of signee