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SECRETARY OF STATE STATE FLORID;

J. BRYAN
APR 28 2009
EXAMNER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Media 33 STudio 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:
TUNG H. TANG (Name of Person)
Media 33 Studio LLC (Firm/Company)
4481 NW. Wisteria. Dr.
Lake City Fl. 32055  (City/State and Zip Code)  (City/State and Zip Code)
For further information concerning this matter, please call:
Tung H. Tang at (386) 344-0683 .  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Status Status Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee} \$\tex
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Media 37 (Must end with the words "Limited Liability)	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
CLUSINW. WISTERIA.Dr.	LAKE CITY FI.	32055.
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)		
The name and the Florida street address of the results of the resu	TANG	09 APR 27 SECRETAR TALLAHASS
<del></del>	ress (P.O. Box NOT acceptable)	SE P P
Cake City, State, a	FL 32055 ·	3: 45 STATE FLORIO

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 (REQUISED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Jung H TANG 4481 WW. Wisferia Dr.
	LAKE CITY FI 32055
	Pin O
	P APR 2
(Use attachment if necessary)	SSEE, FI
CLE V: Effective date, if other than the effective date is listed, the date must be	date of filing:
00 days after the date of filing.)	
REQUIRED SIGNATURE:	
Signature of a membe	or or an authorized representative of a member.
(In accordance with sec of this document consti	ction 608.408(3), Florida Statutes, the execution itules an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

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