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Division of Corporations Page 1 of 1
609 000046019
Florida Department of State
Bureau of Business Regulation

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : BATTAGLIA ROSS CORPORATE
Account Number : I20000000275
Phone : (727) 381-2300
Fax Number : (727) 343-4059

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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7-11-68

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Coast Media Services West Florida, LLC

Certificate of Status	0
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EXAMINER

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. Name:

The name of the Limited Liability Company is:

COAST MEDIA SERVICES WEST FLORIDA, LLC

ARTICLE II- Address:

The mailing address and Street address of the principal office of the Limited Liability Company is:

Principal Office Address:

111 Second Ave. NE
Suite 505
St. Petersburg, Florida 33701

Mailing Address:

111 Second Ave. NE
Suite 505
St. Petersburg, Florida 33701

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TALLAHASSEE, FLORIDA

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

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

Wade W. Cullis
111 Second Ave. NE
Suite 505
St. Petersburg, Florida 33701

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 Statutes.



Registered Agent's Signature
Wade W. Cullis

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

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

"MGR" - Manager

"MGRM" - Managing Member

Title:

Name and Address:

MGR

Coast Media Services, Inc.
1120 Pinellas Bayway S., #107
Tierra Verde, Florida 33715

REQUIRED SIGNATURE:


WADE W. CULLIS

(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.)

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TALLAHASSEE, FLORIDA

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