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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAY 21 PM 1:00

FILED

C. LEWIS

MAY 22 2009

EXAMINER



FLEMING

— VENTURES —

May 13, 2009

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Please find enclosed the Articles of Organization and filing fee for American Icon Media LLC.

Please let me know if you have any questions or comments, and thank you for your attention.

Sincerely,

Thomas W. Fleming

American Icon Media LLC
3445 Santa Barbara Drive
West Palm Beach, FL 33414

T: 312-961-1234

E: twf@flemingventures.com

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: American Icon Media 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:

Thomas W. Fleming

Name of Person

American Icon Media LLC

Firm/Company

3445 Santa Barbara Drive

Address

West Palm Beach, FL 33414

City/State and Zip Code

twf@flemingventures.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas W. Fleming

Name of Person

at (**312**)

961-1234

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 Corporations
Clifton Building
2661 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:

American Icon Media LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

3445 Santa Barbara Drive
West Palm Beach, FL 33414

Mailing Address:

3445 Santa Barbara Drive
West Palm Beach, FL 33414

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Paolo Internicola

Name

880 Jupiter Park Drive, Unit 7

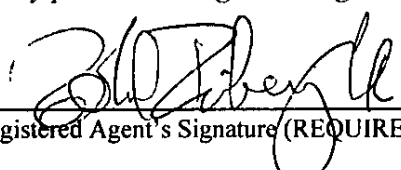
Florida street address (P.O. Box **NOT** acceptable)

Jupiter 33458 FL

City, State, and Zip

FILED
2009 MAY 21 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

(CONTINUED)

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2009 MAY 21 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Thomas W. Fleming

3445 Santa Barbara Drive

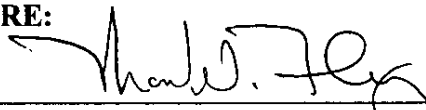
West Palm Beach, FL 33414

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

THOMAS W. FLEMING

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)