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SECRETARY OF STATE

M. THOMAS

OCT 9 2009

EXAMINER

COVER LETTER

Registration Section

TO:

Division of Corporations					
SUBJECT:		ia Limited Liability	Company		
	Name of Limit	ed Liability Company			
The enclosed Articles	of Organization and fee(s) are	submitted for filing.			
Please return all corres	spondence concerning this mat	ter to the following:			
 	Jai	mes J. Gingras			
		Name of Person			
	Jim's Multimedi	a Limited Liability Cor	mpany		
		Firm/Company			
	1283	2 Gorda Circle W			
		Address		····	
	1	- Flada 00770			
		y/State and Zip Code		. ~2	
		s@tampabay.rr.com	7	2009 Q	7
	E-mail address: (to be used	for future annual report notifica	tion)	アス・こ	
For further information	n concerning this matter, please	e call:		T-8 AM ID: 32 ETARY OF STATE HASSEE, FLORID	Ī
	es J. Gingras	_at (727)	644-4984	EFFS]	-
Name	e of Person	Area Code & Daytim	e Telephone Number	32 ORIDA	
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 enclose	ed) Certified C	of Status &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Ad Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n rations enter Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	•				
Jim's Multimedia Limited Liability Company (Must end with the words "Limited Liability Company," "L.L.C.," or "L.L.C.,")					
ARTICLE II - Address:	ncipal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
12832 Gorda Circle W argo, Florida 33773	12832 Gorda Circle W Largo, Florida 33773				
ARTICLE III - Registered Agent, Registered of The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration. James J. G.	red Agent. You must designate an individual or another gistered agent are:				
Name 12832 Gorda Florida street address (P.O. E Largo, Florida 33773 City, State, and	Circle W Box NOT acceptable) FL				
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete perj	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S				

(CONTINUED)

Page 1 of 2

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

1.36

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

Title: "MGR" = Manager (MGRM" = Managing Member	Name and Address:
James J. Gingras	12832 Gorda Circle W Largo, Florida 33773
(Use attachment if necessary)	· · · · · · · · · · · · · · · · · · ·
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	te of filing: October 1, 2009. (OPTIONAL) pecific and cannot be more than five basicess mays prior
REQUIRED SIGNATURE:	ASSEE, FIS
(In accordance with section of this document constitut that the facts stated herein	es an affirmation under the penalties of perjury
Filing Fees:	or printed name of signee

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

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