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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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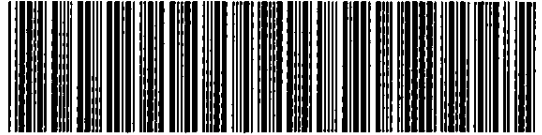
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 15 2009

EXAMINER

WILLIAM C. HALDIN, JR., P.A.

Attorney at Law

WILLIAM C. HALDIN, JR.
URSULA FARRO, LEGAL ASSISTANT

808 EAST FORT KING STREET
OCALA, FLORIDA 34471
PHONE: (352) 369-1300
FAX: (352) 351-2715
E-MAIL: WCH.atty@hotmail.com

December 11, 2009

Department of State
Division of Corporations
Corporate Filings
Post Office Box 6327
Tallahassee, FL 32314

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09 DEC 14 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: HOMETOWN PUBLISHING, LLC

Dear Sir/Madam:

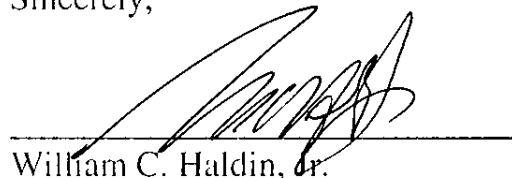
Enclosed are the original and one duplicate of the proposed Articles of Organization of the above captioned limited liability company.

Please endorse your approval of the articles on the duplicate copy and return the copy to this office. It is understood that the original document with your endorsed approval is to be filed in your records pursuant to Florida law.

A check in the amount of \$125.00 is enclosed to cover the filing fee .

If any further charges are required, or if, for any reason, the articles do not meet current requirements, please so notify the undersigned by collect telephone call (352) 369-1300.

Sincerely,



William C. Haldin, Jr.

WCH/uf
Enclosures
pc: Ralph W. Pressley, Jr.

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is: HOMETOWN PUBLISHING, LLC

ARTICLE II - Address:

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

Principal Office Address:

520 SE Fort King Street, Suite B2
Ocala, FL 34471

Mailing Address:

Post Office Box 3630
Ocala, FL 34478-3630

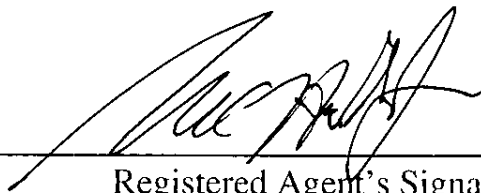
**ARTICLE III - Registered Agent, Registered Office,
& Registered Agent's Signature:**

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

WILLIAM C. HALDIN, JR.
808 East Fort King Street
Ocala, Florida 34471

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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 by 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

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

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

Title:

Name and Address:

MGRM

RALPH W. PRESSLEY, JR.
520 SE Fort King Street, Suite B2
Ocala, FL 34471



RALPH W. PRESSLEY, JR., Managing 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