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SECRETARY OF STAFE ON SECRETARY OF SECRETARY OF SERVICES

T. HAMPTON

JAN 1 2 2010

EXAMINER

COVER LETTER

egistration Section vision of Corporations
Network Media Solutions, LLC
Name of Limited Liability Company
ed Articles of Organization and fee(s) are submitted for filing.
n all correspondence concerning this matter to the following:
MARK A. DANNA.
Name of Person
Firm/Company
584 BAY ESPLANAGE SUITE 3 Address CIEARWATER BEACH, FL 33767 City/State and Zip Code M-danna e Verizon. Net
Address
CIEARWATER BEACH, FL 33761
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
information concerning this matter, please call:
missimation concerning this matter, prease can.
K DANNA at (727) 688-0977
Name of Person Area Code & Daytime Telephone Number
s a check for the following amount:
Filing Fee \$\int_\$130.00 Filing Fee & \$\int_\$\$155.00 Filing Fee & \$\int_\$\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Effective Date 03/01/10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
NETWORK Media Solutions, 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: Mailing Address:
584 BAY ESPLANAGE, SUITE 3 Clearwater Beach FL 33767 Clearwater Beach, FL 33767
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:
MARK A. DANNA
584 BAY ESPLANAGE SUITE 3 Florida street address (P.O. Box NOT acceptable) Clearwater Beachel 33767
City, State, and Zip
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 (REOURED)
Registered Agent's Signature (REQUIRED) (CONTINUED) (CONTINUED)

Page 1 of 2

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

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

"MGRM" = Managing Member	
<u> </u>	NIA
<u> </u>	
Use attachment if necessary)	

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.)

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)