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SECRETARY OF STATE
TALL AHASSEF FLORID

J. BRYAN
FEB 1 0 2009
EXAMINER

COVER LETTER

SUBJECT:	Ato	m Phly Media LLC	;		
	Name of Limi	ted Liability Company			
The enclosed Article	es of Organization and fee(s) are	submitted for filing.			
Please return all cor	respondence concerning this ma	tter to the following:			
	Stev	ve Della Valentina		_	_
		Name of Person			
	Ator	n Phly Media LLC			
		Firm/Company			
	11751 Co	llege Park Trail, Apt.	G	SE	_=
		Address		CRET	833
		ndo, Florida 32826		SSE	_ _ _ _
		ty/State and Zip Code		E OF	70
····	S.della\ E-mail address: (to be used	valentina@gmail.com for future annual report notific	ation)	<u> </u>	3
For further informat	ion concerning this matter, pleas	•	,	ORIDA	20
Steve	Della Valentina	at (407)	536-6343		
Na	me of Person	\	me Telephone Number		
Enclosed is a chec	k for the following amount:				
]\$125.00 Filing Fe	Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate o	f Status & Py	
	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 C Tallahassee, FL 3	on orations Center Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan The name of the Li	ne: mited Liability Comp	any is:	
(Mu		ly Media LLC ted Liability Company," "L.L.C.," or "LLC	C.")
ARTICLE II - Add The mailing addres		f the principal office of the Lim	ited Liability Company is:
Principal Office Address:		Mailing Address:	
11751 College Pa Apt. G Orlando, FL 3282		11751 College Park Apt. G Orlando, FL 32826	Trail
(The Limited Liability Co	egistered Agent, Regi impany cannot serve as its ov ctive Florida registration.)	istered Office, & Registered A wn Registered Agent. You must designate	gent's Signature: an individual or another
The name and the F	lorida street address o	of the registered agent are:	
	Steve Sco	ott Della Valentina	SEI SEI
		Name	
	11751 Colle	ege Park Trail, Apt. G	TAR ASS
	Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)	L Service
	Orlando, FL 328	826 _{FL}	FST = C
	City,	State, and Zip	0R.1 5
liability compan registered agent an statutes relating to	ny at the place designal ad agree to act in this continuous of the proper and comparations of my position of the continuous of the property of the continuous of the continuou	and to accept service of process for the din this certificate, I hereby acceptacity. I further agree to compolete performance of my duties, as registered agent as provided for the service of the servic	cept the appointment as ly with the provisions of all nd I am familiar with and

(CONTINUED)

Page 1 of 2

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

<u>Title:</u>		Name and Address:	
"MGR" = Mai	nager		
"MGRM" = M	Managing Memb	er	
MGRM		Steve Della Valentina	
		11751 College Park Trail, Apt. G	
·		Orlando, Fl. 32826	
MGRM		Joshua Jean-Baptiste	
		1801 NE 140 Street, Apt. 209	=
		North Miami, FL 33181	0 1 10
MGRM		Maximo Santana AAA	Ċ
•.		Maximo Santana SSA P.O. Box 61470 SSA	,
		Tallahassee, FL 32306	
MGRM		Frank Hernandez 92	
		1450 NE 170th St. Apt. 202	
		North Miami Beach, FL 33162	
(Use attachme	ent if necessary)	Month Mani Beach, FL 33102	
LE V: Effecti	ve date, if other t	han the date of filing: (OPTIONA must be specific and cannot be more than five business day	L) s p
CLE V: Effection of the control of t	ve date, if other t listed, the date date of filing.)	han the date of filing: (OPTIONA	L) s p
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