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COVER LETTER

TO:	Registratio Division of	n Section Corporations	
SUBJI	ECT:	Dick Robinson Media M	liami, LLC ited Liability Company
The en	closed Article	s of Organization and fee(s) are	e submitted for filing.
Please	return all corre	espondence concerning this ma	tter to the following:
	Martir	n A. Clayman	Name of Person
	Claym	an, Tapper & Baram, Ll	LC Firm/Company
	Three	Regency Drive	Address
	Bloom	ifield, CT 06002	ty/State and Zip Code
	mclay	man@ctattys.com	
For furt		E-mail address: (to be used on concerning this matter, pleas	for future annual report notification) se call:
_Mar	tin A. Clayı Nan	nan ne of Person	at (<u>860</u>) <u>242-2221</u> Area Code & Daytime Telephone Number
Enclos	ed is a check	for the following amount:	
x \$125.0	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy 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 1 - Name: The name of the Limited Liability Company	y is:
Dick Robinson Media Miami, LLC (Must end with the words "Limited L	Liability Company." "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
8600 NW 36th Street, Suite 100 Doral, FL 33328	130 Birdseye Road Farmington, CT 06032
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the David P. Banner Na 3450 Northlake Blvc Florida street address (I Palm Beach Garder)	AM OF STATION OF STATI
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	I to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all e performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S

(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:

<u>Title:</u> "MGR" = Mai		Name and Address:	
	lanaging Member		
NONE			
			
(Use attachme	nt if necessary)		
(000 00000	iii ii iioocaaay j		
ICLE V: Effective	ve date, if other than the	date of filing: (OPTIONAL)	
effective date is	listed, the date must b	e specific and cannot be more than five business days	
90 days after the	date of filing.)		
DECLUBED (SICNATUDE.	•	
<u>REQUIRED</u> S	SIGNATURE:		
		A Section	
	Signature of a membe	ction 608.408(3), Florida Statutes, the execution ctitutes an affirmation under the penalties of perjurgation are true.) Son ped or printed name of signee	
		ction 608.408(3), Florida Statutes, the execution citutes an affirmation under the penalties of perjurgation are true.)	
	of this document const	(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 her	rein are true.)	
	_James L. Robin	To I	
	TOULIES F. LOUILI	ped or printed name of signee	
	Ty	ped of printed hame of signee	
<u>Filing Fe</u>	<u>es:</u>	ped of primed name of signee	
	es:	P	
\$125.00 Filing	ly es: g Fee for Articles of Orgal egistered Agent	P	

\$ 5.00 Certificate of Status (Optional)