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Eyesview Media, LLC

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MAR 24 2010

EXAMINER

3/22/2010

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ARTICLES OF ORGANIZATION

OF

EYESVIEW MEDIA, LLC

The undersigned hereby makes, subscribes, acknowledges and files these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida:

ARTICLE I - NAME

The name of the limited liability company shall be EYESVIEW MEDIA, LLC.

ARTICLE II - PRINCIPAL OFFICE

The mailing address and the street address of the principal office of EYESVIEW MEDIA, LLC shall be 122 Benton Street, Orlando, Florida 32839.

ARTICLE III - REGISTERED AGENT

The name and street address for the registered agent for service of process in the State of Florida for EYESVIEW

MEDIA, LLC shall be Thomas D. Barile, IV, 122 Benton Street,

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Orlando, Florida 32839.

ARTICLE IV - INDEMNIFICATION

Subject to the provisions of Chapter 608, Florida Statutes.

EYESVIEW MEDIA, LLC shall indemnify and hold barmless any member and/or member-manager and/or employee from and against any and all claims and demands whatsoever.

ARTICLE V - MEMBERS

The initial members of EYESVIEW MEDIA, LLC shall bo:
Thomas D. Barile, IV - 90% Interest
122 Benton Street
Orlando, Florida 32839
Member-Manager

Raymond W. Kleckler, III - 10% Interest 122 Benton Street Orlando, Florida 32839 Member

ARTICLE VI - ORGANIZER

The name and address of the person signing these Articles of Organization is Thomas D. Barile, IV, 122 Benton Street, Orlando, Florida 32839.

IN WITNESS WHEREOF, I have made and subscribed these Arcicles of Organization this $\frac{2200}{4}$ day of March, 2010. (((H100000649243)))

(((H10000064924 3)))

Thomas D. Brile For

Thomas D. Barile, IV,

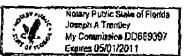
STATE OF FLORIDA

COUNTY OF PACH BEACH

) SS:

me known and well known to me to be the person described in and who executed the foregoing instrument or who produced as identification and he/she acknowledged to and before me that he/she executed said instrument for the purpose herein expressed.

WITNESS my hand and official seal this 20 day of March, 2010.



Notary Public, State of Florida

I HEREBY ACCEPT THE DESIGNATION AS REGISTERED AGENT AS SET FORTH IN THESE ARTICLES OF ORGANIZATION AND AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF THAT POSITION AS PROVIDED FOR IN CHAPTER 608, PLORIDA STATUTES.

Thomas D. Barile, IV