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(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(business Entity Name)						
(Document Number)						
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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

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EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 5, 2010

STEPHANIE H. STRIPAY 1155 BRICKELL BAY DR. APT 1107 MIAMI, FL 33131

SUBJECT: I AND CO LIMITED LIABILITY COMPANY

Ref. Number: W1000006027

We have received your document for I AND CO LIMITED LIABILITY COMPANY and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same and it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of all imited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is L06000014407.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 910A00003042

COVER LETTER

	istration S sion of Co	ection rporations						
SUBJECT:	1+ C() LLC	\rightarrow	dna /	CO LIC	•		
50202011			Name of Limi	ted Liability	Company			
The enclosed	Articles o	f Organization	and fee(s) are	submitted t	for filing.			
Please return	all corresp	ondence conce	erning this mat	ter to the fo	ollowing:			
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For further in	formation	concerning thi						
	tephan Name	of Person		at (17 99.7 rea Code & Daytimo	7485 e Telephone Nur	mber	
Enclosed is	a check fo	or the followi	ng amount:					
\$125.00 Fil	ling Fee	\$130.00 F Certificat	Filing Fee & e of Status	Certi	00 Filing Fee & fied Copy ional copy is enclose	Certifi ed) Certifi	0 Filing Focate of Sta ed Copy nal copy is e	tus &
		P.O. Box 6	Section Corporations		Street/Courier Add Registration Section Division of Corpor Clifton Building 2661 Executive Ce Fallahassee, FL 32	rations		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Publico studio ILC (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Limited Liability Comp	any is:
Principal Office Address:	Mailing Address:	
1155 BRICKELL BAY DR. APT 1107 MIAMI FL 33131	1595 S OCEAN UN 183 FT LAUDERDALE FL 33316	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	ered Office, & Registered Agent's algnature: Registered Agent. You must designate an individual or another	
The name and the Florida street address of t	he registered agent are:	
STEPHANIE	H. STRIPAY	
	ame	
NI 1155 BRICKELL	BAY DR. 1107 t address (P.O. Box NOT acceptable)	

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MER STEPHANIE H. STRIPAY 1155 BRICKELL BAY DR 1107 MAMI FL 33131 MEMBERL ERIC STRIPAY 1155 BRICKELL BAY DR **FOI** MAMI FL 33/31 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five siness days prior to or 90 days after the date of filing.) **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.) STEPHANIE H. STRIPAY Typed or printed name of signee Filing Fees:

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

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)