

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000117102 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

Fax Number : (850) 617-6383

From:

: (305)633-9696

Account Name : EMPIRE CORPORATE KIT COEANY AMINER

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		
-------	----------	--	--

## FLORIDA LIMITED LIABILITY CO.

figment advertising & marketin group, lic.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

5/14/2010 80:91 0102/51/90

PAGE 01/03

EMPIRE CORP KIT

302233629

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Figment Advertising & Marketing Group, (Must and with the words "Limited Liability	LLC.  Ty Company, "LL.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8603 South Dixia Highway, Suite 408	8803 South Dixie Highway, Suite 408
Miaml, FL 33143	Miami, FL 33143
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the re-	red Agent. You must designate an Individual or another
	gispited agent ato.
Forrest Sygman, Esq.	
,	Cuite 408
8603 South Dixie Highway Florida street addr	ess (P.O. Box NOT acceptable)
Mami	RT_ 33143
City, State	pt_ 33143 e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity.  statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate. I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S
Registered Agent's Signatur	re (REQUIRED)
(CONTIN	nued)
Page 1 c	of 2
	H100001

Title:		Name and Add	ress:		
"MGR" = Mana	ger				
"MGRM" = Mai					
MGR		Farrest Sygman			
			phway, Sulte 408		
		Minml, FL 33143			
	<del></del>				
		· · · · · · · · · · · · · · · · · · ·		<del></del> ·	
			<del></del>	<del></del>	
	<del></del>				
				<del></del>	
			<del></del>		
· · · · · · · · · · · · · · · · · · ·					
E V: Effective of ective date is list	iate, if other than the dat ed, the date must be sp	e of filing: ecific and cannot l	oc more than five	_, (OPTIONA business day	L) s pr
LE V: Effective of fective date is list days after the da	iate, if other than the dat red, the date must be sp te of filing.)	e of filing:ecific and canuot l	oc more than five	_, (OPTIONA business day	L) s pr
E V: Effective of fective date is list days after the da	iate, if other than the dat red, the date must be sp te of filing.)	e of filing: ecific and canuot l	oc more than five	_, (OPTIONA business day	L) s pr
LE V: Effective of fective date is list days after the da	iate, if other than the dat red, the date must be sp te of filing.)	e of filing: ecific and cannot l	oe more than five	_, (OPTIONA business day	L) s pr
E V: Effective of ective date is list days after the da	iate, if other than the dat red, the date must be sp te of filing.)	ecific and cannot l	oc more than five	business day	L) s pr
E V: Effective of ective date is list days after the da	iate, if other than the dat red, the date must be sp te of filing.)	an authorized repres	entative of a member	business day	L) s pr
E V: Effective of ective date is list days after the da	iate, if other than the dated, the date must be spate of filing.)  ENATURE:  Signature of a measure or this document constitutes that the facts stated herein is	an authorized repressions 408(3), Florida Stan affirmation under true.)	entative of a member sautes, the execution the penalties of perjus	business day	L) s pr
E V: Effective of ective date is list days after the da	iate, if other than the dated, the date must be spate of filing.)  ENATURE:  Signature of a measure or this document constitutes that the facts stated herein is	an authorized repres	entative of a member sautes, the execution the penalties of perjus	business day	L) s pr
E V: Effective of ective date is list days after the da	iate, if other than the dated, the date must be spate of filing.)  ENATURE:  Signature of a measure or this document constitutes that the facts stated herein is	an authorized repressions 408(3), Florida Stan affirmation under true.)	entative of a member sautes, the execution the penalties of perjus	business day	L) s pr
E V: Effective of ective date is list days after the da	iate, if other than the dated, the date must be spate of filing.)  ENATURE:  Signature of a measure or this document constitutes that the facts stated herein is	an authorized repressions 408(3), Florida Stan affirmation under true.)	entative of a member sautes, the execution the penalties of perjus	business day	s pr
E V1 Effective of certive date is list days after the date is list days after the date. EQUIDED SIG	iate, if other than the dated, the date must be spate of filing.)  ENATURE:  Signature of a meastern or (in accordance with sections of this document constitute that the facts stated herein a Forrest Sygman Typed of	an authorized repressions an affirmation under true.)	entative of a member sautes, the execution the penalties of perjus	business day	s pr
E V1 Effective of certive date is list days after the date is list days after the date. EQUIDED SIGNATURE SIGNATURE Fees:  \$125.00 Filing Fees: of Region	iate, if other than the dated, the date must be spate of filing.)  ENATURE:  Signature of a meastern or (in accordance with section of this document constitute that the facts stated herein a Forrest Sygman  Typed of the formula of the facts of Organizate the facts of Or	an authorized repressions an affirmation under true.)	entative of a member sautes, the execution the penalties of perjus	business day	s pr
E VI Effective of certive date is list days after the date is list days after the date. EQUIRED SIGNATURE	iate, if other than the dated, the date must be spate of filing.)  ENATURE:  Signature of a measure or this document constitutes that the facts stated herein a Forrest Sygman  Typed of the facts of Organization of Articles of Organization of Copy (Optional)	an authorized repressions an affirmation under true.)	entative of a member sautes, the execution the penalties of perjus	business day	s pr
E VI Effective of certive date is list days after the date is list days after the date. EQUIRED SIGNATURE	iate, if other than the dated, the date must be spate of filing.)  ENATURE:  Signature of a meastern or (in accordance with section of this document constitute that the facts stated herein a Forrest Sygman  Typed of the formula of the facts of Organizate the facts of Or	an authorized repressions an affirmation under true.)	entative of a member sautes, the execution the penalties of perjus	business day	s pr
fective date is list days after the da REQUIRED SIGNATURED SIGNATURES FOR Region 19.00 Certified	iate, if other than the dated, the date must be spate of filing.)  ENATURE:  Signature of a measure or this document constitutes that the facts stated herein a Forrest Sygman  Typed of the facts of Organization of Articles of Organization of Copy (Optional)	an authorized repressions an affirmation under true.)	entative of a member sautes, the execution the penalties of perjus	business day	L) s pr