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SECRETARY OF STATE IVISION OF CORPORATIONS

T. HAMPTON

JUN 2 9 2010

EXAMINER

COVER LETTER

	ration Section n of Corporations		
SUBJECT: V	ECTRA INTEGRATED ADVE		
	Name of Lim	ted Liability Company	
The enclosed A	rticles of Organization and fee(s) are	submitted for filing.	
Please return al	correspondence concerning this ma	tter to the following:	
RAINE	R R. GUEVARRA		
		Name of Person	
BRANI	NAMESTUDIO.COM		
		Firm/Company	
1712 C	HISBURY CT		
<u></u>		Address	
ORLAN	IDO, FLORIDA 32837		
	C	ity/State and Zip Code	
RAINE	RGUEVARRA@GMAIL.COM		
	•	for future annual report notification)	
For further info	rmation concerning this matter, plea	se call:	
RAINER GUI	EVARRA	at (407)494 6459	
	Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a	check for the following amount:		
□\$125.00 Filin	g Fee 2\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status of 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

A	RT	r	T	. N	a m	^
А	KII	 ar.	4 -	- IN:	am:	е:

The name of the Limited Liability Company is:

VECTRA INTEGRATED ADVERTISING MEDIA LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Frincipal Office Address:	Walning Address:
1712 CHISBURY CT	1712 CHISBURY CT
ORLANDO	ORLANDO
FLORIDA 32837	FLORIDA 32837

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

KAINER G	JEVARRA
	Name
1712 CHIS	BURY CT
	Florida street address (P.O. Box NOT acceptable)
ORLANDO	FL 32837
	City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited 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

OIVISION OF CORPORATIONS

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

The name and address of each Manager or Managing Member is as follows:

'MGR" = Manager 'MGRM" = Managing Member		
William Wallaging William		
MGR	RAINER GUEVARRA	
	1712 CHISBURY CT	
	ORLANDO, FL 32837	·
	 	
		-
		
Use attachment if necessary)		
EV: Effective date, if other than the	he date of filing: (OPTIC
	be specific and cannot be more than five but	siness
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.)

RAINER GUEVARRA

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

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