

Aug 02 11:33a

Ma Incorporatio

8056752811

p.1

L10000081085

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H10000174163 3)))



H100001741633ABCK

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 : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC
Account Number : I20073000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

L. SELLERS

AUG - 8 2010

EXAMINER

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

Email Address: _____

RECEIVED

10 AUG -2 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
PORTAL PUBLISHING LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$125.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 AUG -2 AM 9:24

FILED

H1000001741633

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608 and/or 621, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

PORTAL PUBLISHING LLC

ARTICLE II ADDRESS

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

196 SW TIMBERLAND CT
LAKE CITY, FLORIDA 32024**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

PATRICIA A. DECKON
196 SW TIMBERLAND CT
LAKE CITY, FLORIDA 32024

Having been named as registered agent 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.

x Patricia A. Deckon
PATRICIA A. DECKON / Registered Agent's signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 AUG -2 AM 9:24

FILED

H100001741633

PAGE 2

PORTAL PUBLISHING LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

PATRICIA A. DECKON

196 SW TIMBERLAND CT

LAKE CITY, FLORIDA 32024

x Patricia A. Deckon

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.

PATRICIA A. DECKON