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.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone: (305)634-3694 Fax Number: (305)633-9696

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 NOVIS PH 4: 00 CRETARY OF STATE LAHASSEE, FLORIO

FLORIDA LIMITED LIABILITY CO.

q2 outdoor ca, llc

Certificate of Status	0
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Page Count	03
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Corporate Filing Menu

T. HAMPTON

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EMPIRE CORP KIT PAGE 01/03

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE 1 - Name: The name of the Limited Liability Company is:
Q2 OUTdoor CA, LLC
(Musicula with the words "Limited Liability Company," "LLC." or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company i
ringinal Office Address: Mailing Address:
335 SOUTH BISCAYNE BIVE. S SAMP
STE 1107 11AN 1 (FL. 331)
ARTICLE III - Registered Agont, Registered Office, & Registered Agent's Signature: The Limited highlity Company commerces as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
he name and the Florida street address of the registered agent are:
PEDRO M- GAllings
Name
6701 PUNCEST DC CDS 100

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 finither agree to comply with the provisions of all stabules relating to the proper and complete performance of my duties, and I can familiar with and

a's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Florida street address (F.O. Box NOT acceptable)

(CONTINUED)

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KU LAZU

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Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

(Use attrachment if processary) TICLE V: Effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be more than five business days or 90 days after the date of filing.) REQUIRED SIGNATURE Signature of a member or an authorized representative of a manber. (In assurdance with section 601,402(3), Florida Statutes, the execution of this document copythetes an afformation under the penalties of perjury that the facis stated bering are true.) EDRO II Grall NAN Typed or printed name of signor Filing Fees; \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	Title:	Name and Address:
(Use attachment if necessary) TICLE V: Effective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be more than five business days after the date of filing.) REQUIRED SIGNATURE Signature of a member of an authorized representative of a mamber. (In assessionce with section 608,408(3), Florida Sumura, the execution of this document copylindra an affirmation under the penalties of perjury that the facts stated bering are true.) EDRO II Grall I MAN Typed or printed name of signee Elling Fees for Articles of Organization and Designation of Registered Agent 5 32.00 Certified Copy (Optional)		
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SECRETARY OF STATE
DIVISION OF CORPORATIONS