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EXAMINER

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COVER LETTER

TO:

Registration Section

Division of Co	rporations		
SUBJECT: STRE	AMTHEXTREM	E, LLC.	
SUBJECT:	Name of Limited I		-
The enclosed Articles of	Organization and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter t	o the following:	
Richard			
	Na	me of Person	
STREAM	MTHEXTREME,	LLC.	
	Fi	m/Company	
3461 Pk	owshare Rd		
	· · · · · ·	Address	
Tallahassee	e, FL 32309		
	·	ate and Zip Code	
richard@st	reamthextreme.com E-mail address: (to be used for f	inture annual support antification)	
	·	·	
For further information	concerning this matter, please ca	II:	
Richard Thoma	S	518 859-008	2
Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & 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 C	€ <u>6</u> 8

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Nam	ne:
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The name of the Limited Liability Company is:

STREAMTHEXTREME, 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:	Maning Address:
3461 Plowshare Rd.	3461 Plowshare Rd.
Tallahassee, FL 32309	Tallahassee, FL 32309

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:

Richard Thomas	
7	Vame
3461 Plowsh	are Rd.
Florida stre	et address (P.O. Box NOT acceptable)
Tallahassee	_{FL} 32309
Ci	ty, 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

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Mem	ber
MGRM	Richard Thomas
	3461Plowshare Rd.
	Tallahassee, FL 32309
	Talia (assec, 1 L 32309
OTT WILLIAM STORY	
(Use attachment if necessary))
T TO NO. 1740 and the day of the	than the date of filing: 01-11-2011 . (OPTIONAL)
Franklisa daka la Nakad Alia Jak	and the second s
ffective date is listed, the date days after the date of filing.)	
days after the date of filing.)	
days after the date of filing.)	
days after the date of filing.)	
days after the date of filing.)	
days after the date of filing.) REQUIRED SIGNATURE	
days after the date of filing.) REQUIRED SIGNATURE	
REQUIRED SIGNATURE Signature of	a member or an authorized representative of a member.
REQUIRED SIGNATURE Signature of (In accordance with seconstitutes an affirmation)	

Richard Thomas

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)

Page 2 of 2