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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : UCC FILING & SEARCH SERVICES, INC.
Account Number : I19980000054
Phone : (850) 681-6528
Fax Number : (850) 681-6011

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**FLORIDA LIMITED LIABILITY CO.
LISTEN LOCAL, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

LISTEN LOCAL, LLC**ARTICLE II - Address:**

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

Principal Office Address:120 SANDPOINTE COURTVERO BEACH, FL 32963-2679**Mailing Address:**35 PEARL ST. SUITE 301NEW BRITAIN, CT 06051**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

UCC Filing & Search Services, Inc.

Name

1574 Village Square Blvd., Suite 100Florida street address (P.O. Box NOT acceptable)TallahasseeFLORIDA 32309

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, Florida Statutes..



Registered Agent's Signature

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

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

Title:**"MGR" = Manager****"MGRM" = Managing Member****Name and Address:****MGRM****ROBERT A. SCALISE JR, TRUSTEE****35 PEARL STREET, SUITE 301****NEW BRITAIN, CT 06051****MGR****FRANK BOMBACI, SR****120 SANDPOINTE CT.****VERO BEACH, FL 32963-2638****MGR****HELENA MARTIN****30-86 29th STREET, APT 2A****QUEENS, NY 11102**

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Robert A. Scalise Jr

Typed or printed name of signer

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TALLAHASSEE, FLORIDA**Filing Fees:****\$100.00 Filing Fee for Articles of Organization****\$ 25.00 Designation of Registered Agent****\$ 30.00 Certified Copy (Optional)****\$ 5.00 Certificate of Status (Optional)**

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