Division of Corporations

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(((H110000297113)))



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From:

Account Name : MOMEACH, BOYLE & HARDIN, P.A

Account Number : 074143000064

Phone

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FLORIDA LIMITED LIABILITY CO. MEDIACTION MEDIATION SERVICES, LLC

Certificate of Status	11
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

D. BRUCE

FEB 0 4 2011

EXAMINER

H110000297113

ARTICLES OF ORGANIZATION

OF

MEDIACTION MEDIATION SERVICES, LLC

The undersigned, as the authorized representative of the initial member(s) of MEDIACTION

MEDIATION SERVICES, LLC, a Florida limited liability company formed hereunder (the "Company"), on behalf of the member(s) of the Company, hereby forms a limited liability company under the laws of the State of Florida.

ARTICLE I COMPANY NAME

The name of the company is MEDIACTION MEDIATION SERVICES, LLC.

ARTICLE II COMMENCEMENT AND TERM OF EXISTENCE

In accordance with Section 608.409(1) of the Florida Limited Liability Company Act (the "Act"), the term of existence of the Company shall commence upon the filing of these executed Articles of Organization with the Florida Department of State, and shall continue perpetually, unless otherwise dissolved.

ARTICLE III MAILING ADDRESS AND STREET ADDRESS OF COMPANY

The mailing address, the street address and e-mail address of the principal office of the Company is:

c/o Mombach, Boyle & Hardin, P.A. 500 East Broward Boulevard, Suite 1950 Fort Lauderdale, Florida 33394 cdunlavey@mbhlawyer.com

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ARTICLE IV REGISTERED AGENT ADDRESS

The registered agent and the street address of the registered agent of this Company in the State of Florida shall be:

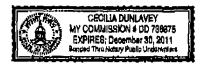
Conrad J. Boyle
Mombach, Boyle & Hardin, P.A.
500 East Broward Boulevard
Suite 1950
Fort Lauderdale, Florida 33394

IN WITNESS WHEREOF, the undersigned being the authorized representative of the initial member(s) of the limited liability company hereby executes these Articles of Organization has day of February, 2011.

CONRAD J. BOYLE

STATE OF FLORIDA COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 3_day of February, 2011, by CONRAD J. BOYLE, who ____ is personally known to me or who ____ has produced a Florida driver's license as identification.



Notary Public - State of Florida
My Commission Expires:
Commission Number:

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

DATED this 3 day of February, 2011.

CONRAD J. BOYE

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SECRETARY OF STATE
TALLAHASSEE FINER