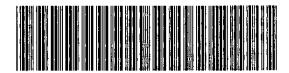
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(Req	uestor's Name)	
(Addı	ress)	
(Add	ress)	•
(City/	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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SECRETARY OF STATE

J. SAULSBERRY EXAMINER FEB 0 4 2011

COVER LETTER

TO:

TO:	Registration S Division of Co				
SUBJI	ECT: Make or	Break Communication	s, LLC ed Liability Company		
		Name of Limit	ей Ставину Сотрану		
The en	closed Articles o	f Organization and fee(s) are	submitted for filing.		
Please	return all corresp	ondence concerning this matt	er to the following:		
	Alison Gregor	y Pope			
		<u> </u>	Name of Person		
	Make or Brea	k Communications, LLC			
			Firm/Company		
	1345 N Hwy A	11A, Unit 510			
			Address	77	"N
	Indialantic, FL			SECULE SECULE	2011 FEB -4
	apope@wpntv	world.com	y/State and Zip Code	TARY IASSE	8 -
		E-mail address: (to be used f	or future annual report notification)	<u> </u>	≥ [
For fu	ther information	concerning this matter, please	e call:	- STATI FLORII	AH 10: 35
Aliso	n Gregory Pop)e	at (515) 229-6955	2	33
	 	of Person	Area Code & Daytime Telepl	none Number	
Enclo	sed 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 State Certified Copy (additional copy is end	us &
		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 Ci	· . rcle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Com	ipany is:
Make or Break Communications,	LLC
(Must end with the words "Lir	nited 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:
Principal Office Address:	Mailing Address:
1345 N Hwy A1A, Unit 510	1345 N Hwy A1A, Unit 510
Indialantic, FL 32903	Indialantic, FL 32903
	s of the registered agent are:
1345 N Hwy A1A	, Unit 510
	a street address (P.O. Box NOT acceptable)
Indialantic,	FL 32903
liability company at the place design	City, State, and Zip It and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as s capacity. I further agree to comply with the provisions of all
statutes relating to the proper and co	mplete performance of my duties, and I am familiar with and n as registered agent as provided for in Chapter 608, F.S

(CONTINUED)

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:

"MGR" = Manager "MGRM" = Managing Member	
MGR	Alison Gregory Pope
	1345 N Hwy A1A, Unit 510
	Indialantic, FL 32903
	SELLA
	
	m≺ mo
(Use attachment if necessary)	
CLE V: Effective date, if other than a ffective date is listed, the date mus days after the date of filing.)	the date of filing: (OPTION to be specific and cannot be more than five business d
REQUIRED SIGNATURE:	
Signature of a mer	nber or an authorized representative of a member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)