

L1160000 20786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

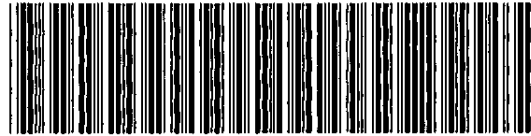
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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B. KOHR

FEB 21 2011

EXAMINER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 FEB 17 PM 3:11

# Advanced Incorporating Service, Inc.

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [orders@advancedincorp.com](mailto:orders@advancedincorp.com)  
Website: [www.advancedincorp.com](http://www.advancedincorp.com)

FILED STATION  
SECRETARY OF CORPORATIONS  
11 FEB 17 PM 3:11

NAME OF ENTITY

FOR OFFICE USE ONLY

## PICK ONE:

☐ CERTIFIED COPY ☐ PHOTOCOPY

## FILING:

☐ CORPORATION ☐ LLC ☐ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP  
☐ FICTITIOUS NAME ☐ SERVICE MARK/TRADEMARK ☐ AMENDMENT  
☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN  
☐ OTHER

## RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S. ☐ CERTIFIED COPY ☐ PHOTOCOPY  
OF

## APOSTILLE/CERTIFICATION REQUEST:

Country

Amount of Documents

DATE TIME

Notes:

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
11 FEB 17 PM 3:11

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

X12 MEDIA 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:

#### Principal Office Address:

2400 W. CYPRESS CREEK RD., SUITE 150  
FT. LAUDERDALE, FL 33309

#### Mailing Address:

2400 W. CYPRESS CREEK RD., SUITE 150  
FT. LAUDERDALE, FL 33309

### 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:

FIROZ A. SHAIKH

Name

2400 W. CYPRESS CREEK RD., SUITE 150

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

FT. LAUDERDALE, FL 33309

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, F.S.*

*Fir A. Shaikh*

Registered Agent's Signature (REQUIRED)

(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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

FIROZ A. SHAIKH

10 MAIZE CT.

MELVILLE, NY 11747

MGRM

AARON S. WHITE

1500 NE 50TH COURT

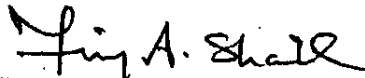
FORT LAUDERDALE, FL 33334

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**FIROZ A. SHAIKH**

Typed or printed name of signer

**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)