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COVER LETTER

TO:	Registration Se Division of Co			
SUBJE	CT. BLUE	MARLIN PUE	BLICATIONS	LLC
30202			ed Liability Company	
The end	closed Articles of	Organization and fee(s) are	submitted for filing.	
Please 1	return all correspo	ondence concerning this mat	ter to the following:	
	Laura Pa	ipay Baker, Es	q.	
		•	Name of Person	
	Ferencik	Libanoff Bran	dt Bustaman	te &Williams, P.A.
•			Firm/Company	
	150 S. P	ine Island Rd.	, Ste. 400	
•			Address	
F	Plantation, F	Florida 33324		
•	_	Cir	y/State and Zip Code	
<u> </u>	papay@flb			
		E-mail address: (to be used	•	fication)
For furt	ther information of	oncerning this matter, pleas	e call:	
Natoya Outar			at (954) 47	4-8080
	Name o	f Person	Area Code & Day	rtime Telephone Number
Enclos	ed is a check for	the following amount:		
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee Certified Copy (additional copy is enc	Certificate of Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	ction porations g : Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BLUE MARLIN PUBLICATIONS 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:

Mailing Address:		
P.O. Box 460153 Fort Lauderdale, Florida 33346		
Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another egistered agent are:		
sq9 F		
THO P		
ress (P.O. Box NOT acceptable)		
F. 33324		
te, 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):

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing	Name and Address: Member
MGRM	Andrew Sheen
	7051 S.W. 22nd Court
	Davie, Florida 33317
MGRM	Paul C. Baker
	7051 S.W. 22nd Court
	Davie, Florida 33317
	· · · · · · · · · · · · · · · · · · ·
	
(Use attachment if nece	ssary)
ARTICLE V: Effective date, if If an effective date is listed, the or 90 days after the date of fi	other than the date of filing: (OPTIONAL) e date must be specific and cannot be more than five business days prior iling.)
REQUIRED SIGNAT	URE: ure of a member or an authorized representative of a member.
constitutes an a I am aware that	with section 608.408(3), Florida Statutes, the execution of this document affirmation under the penalties of perjury that the facts stated herein are true, any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.)

Paul C. Baker

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)