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(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PIC	K-UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruc	ions to Filing Officer:
	A. LUNT
	JUL 27 2011

EXAMINER

Office Use Only



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07/25/11--01037--012 **130.00

COVER LETTER

Registration Section
Division of Corporations

SUBJECT:	Infinite +	ublicity LLC d Liability Company		_
The enclosed Articles of	Organization and fee(s) are su	ubmitted for filing.		
Please return all correspo	ndence concerning this matte	r to the following:		
	Deja Tia	<u>Predhead</u> Name of Person		
	Infinite	Publicity UC Firm/Company		
	455 NW	210 Street AC	ot: 202	22
		Gardens FL 33	<i>ഗ</i> ട	2011 JUL 25
	India.P	hedhead @ amail report notification)	.com E	<u> </u>
	E-mail address: (to be used for	r future annual report notification)	77	
For further information co	oncerning this matter, please	call:	OR.	
Deja Tia Pie Name of	dheacl Person	at (347) 260 · · · · Area Code & Daytime Tele	7660 phone Number	-
Enclosed is a check for	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 Certificate of St Certified Copy (additional copy is	tatus &
	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 C Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Infinite Publicity LLC (Must end with the words "Limited Liability)	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	455 NW 210th St. AFF. APL: 202 SAR WI ami Gardens, FL 331470
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	egistered agent are:
Signographics	Inc.
367 Ansin Florida street add	Blvd. fress (P.O. Box <u>NOT</u> acceptable)
Hallandale City, Sta	FL 33009 ite, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Ih-	(DEGLURED)
Registered Agent's Signate	are (KEQUIKED)

(CONTINUED)

Page 1 of 2

	ARTICLE IV- Manager(s) or Man The name and address of each Manager	naging Member(s): ger or Managing Member is as follows:		
	Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
	MGB	Deja Tia Pedhrod 455 NW 210th Street; Apt: 20 Migmi Gardens, A. 33169	 %_ 23	
19.02	MGRM	Phodriquez, Shenice 55 6740 1xora DR = 53 miramar, FL 33023	III JUL 25	
			Als Jan A	
		O _A	7 3	
	(Use attachment if necessary)		_	
(III)an	ICLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	e date of filing: (OPT be specific and cannot be more than five busine	'IONAL) ss days pr	rior
	REQUIRED SIGNATURE:	er or an authorized representative of a member.		
	constitutes an affirmation unde I am aware that any false infor	8.408(3), Florida Statutes, the execution of this documenter the penalties of perjury that the facts stated herein are treation submitted in a document to the Department of Staty as provided for in s.817.155, F.S.)	rue.	
	<u> </u>	Tia Pedread yped or printed name of signee		

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Filing Fees: