L12-000015160

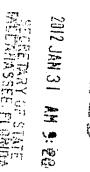
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|-------------------------|--------------------|-------------|--|
| (Re | equestor's Name) | | |
| (Ad | dress) | | |
| (Ad | dress) | | |
| (Cit | ry/State/Zip/Phone | e #) | |
| PICK-UP | WAIT | MAIL | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to | Filing Officer: | | |
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Office Use Only



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T. CLINE FÉB, - 1 2012

EXAMINER

COVER LETTER

| Division of Cor | | | |
|----------------------------|---|--|--------------|
| SUBJECT: KidsM | ledia | | • |
| GOUNDET. | | d Liability Company | |
| The enclosed Articles of | Organization and fee(s) are s | ubmitted for filing. | |
| Please return all correspo | ndence concerning this matte | er to the following: | |
| Jose E. N | | | |
| | | Name of Person | |
| KidsMed | ia | | |
| | | Firm/Company | |
| 5280 N.V | V. 7th Street, No | o. 503 | |
| | | Address | |
| Miami, FL | 33126 | | |
| jermol71@y | - | /State and Zip Code | 202 |
| <u>,</u> | | or future annual report notification) | |
| For further information co | oncerning this matter, please | call: | 3 7 |
| Jose E. Molina | | at (786) 315-0723 | |
| Name of | Person | Area Code & Daytime Telephone Number | |
| Enclosed is a check for | the following amount: | | E. W |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & \$160.00 Filing Certified Copy Certificate of Certified Copy (additional copy is enclosed) | Status & |
| | 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 Circle | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: The name of the Limited Liability Compan | ny is: | |
|---|--|--|
| KidsMedia, LLC. | · | |
| | Liability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: | | |
| | the principal office of the Limited Liability Company is: | |
| Principal Office Address: | Mailing Address: | |
| 5280 N.W. 7th Street | 5280 N.W. 7th Street | |
| No. 503 | No. 503 | |
| Miami, FL 33126 | Miami, FL 33126 ∰ № | |
| | | |
| business entity with an active Florida registration.) The name and the Florida street address of Jose E. Molina | | |
| | 1 · · · · · · · · · · · · · · · · · · · | |
| 5280 N.W. 7tl | h Street, No. 503 | |
| Florida stre | eet address (P.O. Box NOT acceptable) | |
| Miami | _{FL} 33126 | |
| Ci | ity, State, and Zip | |
| liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complete accept the obligations of my position as | nd to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all ete performance of my duties, and I am familiar with and eregistered agent as provided for in Chapter 608, F.S | |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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 Member | Name and Address: |
|--|---|
| MGR | Jose E. Molina 5280 N.W. 7th Street, No. 503 Miami, FL 33126 |
| | |
| | |
| <u></u> | |
| (Use attachment if necessary) | |
| ICLE V: Effective date, if other than the | e date of filing: (OPTIONAL) be specific and cannot be more than five business days prio |
| 90 days after the date of filing.) | Section 1 |
| REQUIRED SIGNATURE: | OF SIATE OF |
| Signature of a memb | Malue Go representative of a member. |
| (In accordance with section 60 constitutes an affirmation und I am aware that any false info | 08.408(3), Florida Statutes, the execution of this document ter the penalties of perjury that the facts stated herein are true. It is submitted in a document to the Department of State may as provided for in s.817.155, F.S.) |

Jose E. Molina

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)