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EXAMINER

COVER LETTER

	stration Section ion of Corporations
SUBJECT: _	Success Ads LLC Name of Limited Liability Company
The enclosed /	Articles of Organization and fee(s) are submitted for filing.
Please return a	Ill correspondence concerning this matter to the following:
-	Nicholas V Del Corso
	Success Ads LLC
·	696 15+ Ave No. Suite 303
	St Peterburg FL. 33701
	City/State and Zip Code Note: Corso G. G. Mail. COM E-mail address: Roby sed for future annual report notification)
For further info	formation concerning this matter, please call:
Nict	Name of Person at (7) 433-1001 Area Code & Daytime Telephone Number
Enclosed is a	check for the following amount:
\$125.00 Filing	Fee \$\infty\$\$\\$130.00\$ Filing Fee & \$\infty\$\$\$\$\$ \$155.00\$ Filing Fee & \$\infty\$
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:
The name of the Limited Liability Company is:
Success Ads 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: Mailing Address:
5T Petus burg FL. 33701 Seint Petus burg FL 33701 Seint Petus burg FL 33701
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:
Nicholas V Del Corso
Name
696 Ist Ave No. Suite 303
Florida street address (P.O. Box NOT acceptable)
ST Petersburg FL 33701 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
Metale VDella
Registered Agent's Signature (REQUIRED) (CONTINUED) Page 1 of 2 Registered Agent's Signature (REQUIRED) Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felgny as provided for in \$.817.155, F.S.) 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)

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ARTICLE IV- Manager(s) or Managing Member(s):