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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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FILED
2012 APR -4 MIII: 36
SECRETARY OF STATE

J. BRYAN

APR -5 2012

EXAMINER

COVER LETTER

TO: Registration Division of	n Section Corporations		
_{subject:} Pep	i Media, LLC		
	Name of Limit	ed Liability Company	
The enclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please return all corr	respondence concerning this mat	ter to the following:	
Jorge F	Perez		
		Name of Person	
Pepi M	edia, LLC		٠. حـ
<u></u>		Firm/Company	型器 品
5601 C	ollins Avenue, #111	6	TALLAHASSEE. STATE
		Address	m 4 See
Miami Be	each, Florida 33140		門里里口
		ry/State and Zip Code	10.5
Jorge@p	epimedia.com		温品の
	E-mail address: (to be used	for future annual report notification)	
For further informati	on concerning this matter, pleas	e call:	
Jorge Perez		at (305) 807-7867	
Na	me of Person	Area Code & Daytime Telephone Number	
Enclosed is a check	k for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & \$160.00 Filing Certified Copy (additional copy is enclosed) Certified Copy (additional copy	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

ANTICLES OF ONGANIZATION F	OR FLORIDA LIVITEAD LAADILATT COMITAINT
ARTICLE I - Name: The name of the Limited Liability Comp	any is:
Pepi Media, LLC	S.S. F. C.
(Must end with the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal Office Address:	f the principal office of the Limited Liability Company is Mailing Address:
5601 Collins Avenue, #1116	5601 Collins Avenue, #1116
Miami Beach, Florida 33140	Miami Beach, Florida 33140
	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another

The name and the Florida street address of the registered agent are:

Vame
venue, #1116
et address (P.O. Box NOT acceptable
_{FL} 33140
ty, 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Jorge Perez
	5601 Collins Avenue, #1116
	Miami Beach, Florida 33140
•	day of China
(Use attachment if necessary) LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)	e date of filing: (OPTIONAl be specific and cannot be more than five business days
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	e specific and cannot be more than five business days
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	e date of filing: (OPTIONAL se specific and cannot be more than five business days er or an authorized representative of a member.
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REOUIRED SIGNATURE: Signature of a member (In accordance with section 60) constitutes an affirmation under I am aware that any false information.	e specific and cannot be more than five business days
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REOUIRED SIGNATURE: Signature of a member (In accordance with section 60) constitutes an affirmation under I am aware that any false information.	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REOUIRED SIGNATURE: Signature of members of members of the members of t	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State
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