Florida Department of State

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From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number: 075500004387 Phone : (813)229-7600 Fax Number : (813)229-1660

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address; gilkerr@aol.com

FLORIDA LIMITED LIABILITY CO. KERR MEDIA VENTURES LLC

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EXAMINER

ARTICLES OF ORGANIZATION FOR KERR MEDIA VENTURES LLC

ARTICLE I - Name

The name of the Limited Liability Company is KERR MEDIA VENTURES LLC.

ARTICLE II - Address

The mailing address and street address of the Limited Liability Company is:

104 Troon Point Lane Ponte Vedra, Florida 32082

ARTICLE III - Management

The Company will be manager managed.

ARTICLE IV - Registered Agent and Registered Address

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

Gilbert A. Kerr 104 Troon Point Lane Ponte Vedra, Florida 32082

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization as a Member this 1786 day of April, 2012.

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.)

Gilbert A. Kerr
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is Kerr Media Ventures LLC.
- 2. The name and the Florida street address of the registered agent are:

Gilbert A. Kerr 104 Troon Point Lane Ponte Vedra, Florida 32082

Elaving 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.

Signature Cor

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