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Registration Section

Division of Corporations

Hot Spots Media Group LLC.

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian Bui	rda		
		Name of Person	
Hot Spots	s Media Group Ll	_C.	
		Firm/Company	
5090 NE	12 Ave.		
		Address	
Oakland Pa	ark , FL 33334		
	Cit	y/State and Zip Code	
brian@hots	potsmediagroup.con		
	E-mail address: (to be used t	for future annual report notification)	
For further information	concerning this matter, please	e call:	
Brian Burda		at (954) 928-1862	
Name	of Person	Area Code & Daytime Telep	hone Number
Enclosed is a check for	or 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hot Spots Media Group 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:		
5090 NE 12th Ave	5090 NE 12th Ave		
Oakland Park, FL 33334	Oakland Park, FL 33334		

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:

Venice Quarters, Inc

Name

5090 NE 12th Ave

Florida street address (P.O. Box NOT acceptable)

Oakland Park

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Add	ress:	
"MGR" = Manager		A STATE OF S	1884
"MGRM" = Managing Member			1100 m 200 m
MGR	Peter J. Clark	The state of the s	্যুক্তি কৰি প্ৰতিন্তি প্ৰকৃতি কৰি কৰিছে
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	Oakland Park, FL		
MGRM	Cleto Beuren		
	5090 NE 12 Ave		
	Oakland Park, FL	33334	<u> </u>
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(Use attachment if necessary)			
(Coo attachment is necessary)			
ICLE V: Effective date, if other than the	date of filing:	(OF	TIONAL)
n effective date is listed, the date must b	e specific and cannot	be more than five busin	iess days prioi
90 days after the date of filing.)		1 A 14 14A.	
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<u>REQUIRED</u> SIGNATURE:			
	$M \sim$		
	/ // / / }		
Signature of a memb	er or an authorized repr	esentative of a member	
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(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 felony as provided for in s.817.155, F.S.)

Peter J. Clark

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)