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SEUNCIARY OF STATE

B. BOSTICK
JUN 1 4 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	ct: CycleHere Media	
-	Name of Limited Liability Company	*************************************
The enc	osed Articles of Organization and fee(s) are submitted for filing.	
Please r	eturn all correspondence concerning this matter to the following:	
_	Donald C. Jones, I	
-	Name of Person CycleHere Media Firm/Company	12 JU
-	7 Firm/Company 2402 Shore Drive Address	ASSEE
_	St. Augustine, Florida 32. City/State and Zip Code Donald D Cycle Lere Media. com From 1 address: (to be used for future annual report posification)	2:07
_	Donald D Cycle Lere Media. Com E-mail address: (to be used for future annual report notification)	
For furt	rer information concerning this matter, please call: Donald (, Jones, II (919) 389-0342 2010 D. Jones at (919) 389-0343 Name of Person Area Code & Daytime Telephone Number	
	d is a check for the following amount: Filing Fee \$\int \frac{1}{3}0.00\$ Filing Fee & \$\int \frac{1}{3}155.00\$ Filing Fee & \$\int \frac{1}{3}160.00\$ F Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	iling Fee, of Status &
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
Cycle Here Me (Must end with the words "Limited Liabil!	ity Company, "L.L.C.," or "LLC.")	- , , , , , , , , , , , , , , , , , , ,
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited	l Liability Company is:
Principal Office Address:	Mailing Address:	
2402 Shore Drive St. Augustine, Fl. 32086	14 pl	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the results	ered Agent. You must designate an integrity egistered agent are: One, J. Tive ress (P.O. Box NOT acceptable) FL. 32086 te, and Zip	TALLAHASSEE, FLORIDA
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registered.	his certificate, I hereby accep I further agree to comply v rformance of my duties, and	ot the appointment as with the provisions of all I am familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member MGR Donald C, Jones, II 2402 Shace Drive St. Augustine, Fl. 32086 Tanice D, Jones Fr. 2402 Shace Drive St. Augustine, Fl. 32086

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: $\frac{\sqrt{20/2}}{\sqrt{20/2}}$. (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 of 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 felony as provided for in s.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)