(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
A. LUNT				
NOV 19 2012				
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COVER LETTER

то:	Registration S Division of Co			
SUBJE	СТ:	Wigation Name of Limit	Media, Ll ed Liability Company	
The enc	losed Articles of	Organization and fee(s) are	submitted for filing.	200 TO TO
Please r	eturn all corresp	ondence_concerning this matt	er to the following:	
_		Sava I	. Negron	9 PH
_		Javigaetro	Name of Person Media Firm/Company	L.L.CR
_	234	4 Tuscar	illa Rd.	
_		•	Address	_
_	Tall	ahassee, f	L. 32312 y/State and Zip Code	
_	Sar	ita@nouid	Systate and Zip Code Of future annual report notification)	dia com
For furtl	her information o	concerning this matter, please	call:	
9a	va In	es Negron	at (<u>850</u>), <u>241 34</u> Area Code & Daytime Telep	135 hone Number
Enclose	ed is a check fo	r the following amount:		
\$ 125.0	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 P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
(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: 2344 TuscavillaRd. 2344 Tuscavilla F Tallahassee, 51- 32312 32312
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: Source
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:

Name and Address:
Swa Ines Negron
Tallahassee, A. 32312 Karun Majorino-Cardon 1501 Gulf Blyd # 802 Clearwater, Fl. 33767
—————————————————————————————————————
Z NOV 19
date of filing: 1/2/20/2. (OPTIONAL) be specific and cannot be more than five business days

(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.)

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)