LI2000158161			
(Requestor's Name) (Address) (Address)	000242681120		
(City/State/Zip/Phone #)	12/19/1201002016 **155.00		
(Business Entity Name) (Document Number) Certified Copies Certificates of Status			
Special Instructions to Filing Officer:	RECEIVED ATMENT OF STATE DEC 18 PH 4: 37 2012 DEC 18 TAELAHASSE		
Office Use Only	J. SAULSBEEROW EXAMINER DEC 1 9 (1)		

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CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173

FILING COVER SHEET ACCT. #FCA-14

- **CONTACT: KATIE WONSCH**
- **DATE:** 12/18/2012
- **REF. #:** 000928.178106
- CORP. NAME: AXIUM MEDIA LLC

() ARTICLES OF INCORPORATION	() ARTICLES OF AMENDMEN	NT () ARTICLES OF DISSOLUTION
() ANNUAL REPORT	() TRADEMARK/SERVICE MA	ARK () FICTITIOUS NAME
() FOREIGN QUALIFICATION	() LIMITED PARTNERSHIP	(XX) LIMITED LIABILITY
() REINSTATEMENT	() MERGER	() WITHDRAWAL
() CERTIFICATE OF CANCELLATIO	N	
() OTHER:		
		ALL SE 2012

STATE FEES PREPAID WITH CHECK# 102535 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

SECRETARY	2012 DEC 18	
Y.OF.STATE EE. FLORID	3 AM 8= 20	ю С

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COST	LIMIT:	2
COST	PTIATT !	J. J

PLEASE RETURN:

(XX) CERTIFIED COPY () CERTIFICATE OF GOOD STANDING

() PLAIN STAMPED COPY

() CERTIFICATE OF STATUS

Exam	iner's	Initials

(850) 245-6051.

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COVER LETTER

TO:	Registration 5 Division of Co			
SUBJI	, Axiu	m Media LLC	•	
20101	ECT:	Name of Limit	ed Liability Company	
The en	closed Articles o	of Organization and fee(s) are	ubmitted for filing.	
Please	return all corresp	oondence concerning this matt	er to the following:	
	Mark D	. Guidubaldi		
		······································	Name of Person	· · · · · · · · · · · · · · · · · · ·
	Horwoo	od Marcus & E	Berk Chartered	
			Firm/Company	
	500 We	est Madison S	t., Suite 3700	· · · ·
			Address	
	Chicag	o, IL 60661		
		. Cit	y/State and Zip Code	*
	mguiduba	ildi@hmblaw.com		TA:
		· E-mail address: (to be used	or future annual report notification)	2.2
For fu	rther information	concerning this matter, please	call:	
Ma	ark D. G	uidubaldi	at 312 606-321	
·	Name	of Person	Area Code & Daytime Telephor	ېشمې 🚾 ري. 🖳
Enclo	sed is a check f	for the following amount:		0R10
■\$125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	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	<u>Street/Courier Address</u> Registration Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	le

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Axium Media LLC

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(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:	<u>Mailing Address:</u>		
100 South Pointe Drive	100 South Pointe Drive		
Apt. 2801	Apt. 2801		
Mlami Beach, FL 33139	Miami Beach, FL 33139		

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:			LAH	12 DE	
	Elizabeth Murzyn		TARY O	C	
	Name		SE	œ	-1
	100 South Pointe Drive, Ap	pt. 2801	ر در المد.	AM	
Florida street address (P.O. Box NOT acceptable)		LIORID	9	Name?	
	Miami Beach,	_{FL} 33139	TE,	20	
	(City, State, and Zip			

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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

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member

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 MGR
 Elizabeth Murzyn

 100 South Pointe Drive, Apt. 2801

 Miami Beach, FL 33139

 MGR

 Katie Apessos

 100 South Pointe Drive, Apt. 2801

 Mtami Beach, FL 33139

 MGR

 John Amato

 100 South Pointe Drive, Apt 2801

 Miami Beach, FL 33139

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ______. (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 or an authorized representative of a member.

2012 DEC 18

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(In accordance with section 608.408(3), Florida Statues, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are floer 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.)

Elizabeth Murzyn, Manager

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)