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| (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: |
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Office Use Only



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B. BOSTICK
FEB 1 9 2013
EXAMINER

. . . . (850) 245-6051.

COVER LETTER

| | ration S on of Co | ection rporations | | | | | |
|-------------------|----------------------|---|---|---|--------------------|---|--|
| SUBJECT: j- | neti | adio.com LLC | | | | | |
| · | | Name of Limite | d Liability Comp | any | | | |
| The enclosed A | rticles of | Organization and fee(s) are s | ubmitted for filing | 3 . | | | |
| Please return all | corresp | ondence concerning this matte | er to the following | : | | | |
| Jam | ies I | M. Tuthill | | | | | |
| | | · | Name of Person | <u> </u> | | | _ |
| | | | | | | | |
| | | | Firm/Company | | - | | _ |
| 780 | NE | 69 Street Un | it 1707 | | *** | TALL | |
| | | , | Address | | | A TEB | _ |
| Mia | mi F | Florida 33138 | | | | Ser Co | |
| | | Cit | y/State and Zip Cod | e | | PM 12: | — <u>} </u> |
| acad | emics | strategies@comca | | | | <u> </u> | |
| | | E-mail address: (to be used f | or future annual rep | ort notificatio | n) | 36 20 20 | |
| For further info | rmation | concerning this matter, please | call: | | | > | |
| James | Tut | hill | _{at} 561 | 8913 | 3930 | | |
| - | Name | of Person | | e & Daytime | Telephone Num | iber | |
| Enclosed is a | check fo | or the following amount: | | | | | |
| □\$125.00 Filin | | \$130.00 Filing Fee & Certificate of Status | □\$155.00 Fili Certified Co (additional cop | ру | Certific | O Filing Fee, cate of Status of Copy and copy is enclos | |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registra Division Clifton I 2661 Ex | courier Addition Section of Corporat Building ecutive Centisee, FL 3230 | ions ter Circle | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|---|--|
| The name of the Limited Liability Company is: | |
| -netradio.com LLC | |
| (Must end with the words "Limited Liabilit | y Company, "L.L.C.," or "LLC.") |
| | |
| ARTICLE II - Address: | nainal office of the Limited Liebility Company is: |
| The maning address and street address of the pri | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 2161 Palm Beach Lakes Blvd. | 326 Jupiter Lakes Blvd. |
| Suite 311 | Unit 2320 D |
| West Palm Beach, Fla. 33409 | Jupiter, Fla. 33458 |
| business entity with an active Florida registration.) The name and the Florida street address of the re Edmund Gonzalez, Esq. | gistered agent are: |
| Name | |
| | |
| 324 Datura Street #200 | |
| | ess (F.O. Box 1401 acceptable) |
| West Palm Beach, Florida | a <u>2</u> 3401 |
| City, Stat | e, and Zip |
| liability company at the place designated in the registered agent and agree to act in this capacital statutes relating to the proper and complete and accept the obligations of my position as registered Agent's Signature | ccept service of process for the above stated limited its certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of performance of my duties, and I am familiar with its issued agent as provided for in Chapter 608, F.S |
| (CONTINU | ம்று 🤝 |

Page 1 of 2

| <u>Title:</u> | Name and Address: |
|---|--|
| "MGR" = Manager | |
| "MGRM" = Managing Mem | nber |
| MGMR | James Tuthill |
| | 780 NE 69 Street Unit 1707 |
| | Miami, Florida 33138 |
| MGMR | Stephen Stimson |
| | 326 Jupiter Lakes Blvd. Unit 2320D |
| | Jupiter, Fla. 33458 |
| | Find M |
| | 15 Table 00 1 |
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| | |
| (Use attachment if necessary | у) |
| LE V: Effective date, if other | er than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days |
| LE V: Effective date, if other | er than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days filing.) |
| LE V: Effective date, if other offective date is listed, the color 90 days after the date of REQUIRED SIGNATURE | er than the date of filing: |
| LE V: Effective date, if other offective date is listed, the color 90 days after the date of REQUIRED SIGNATURE | er than the date of filing: |
| ELE V: Effective date, if other effective date is listed, the control or 90 days after the date of the signature of the constitutes an affirm 1 am aware that any | er than the date of filing: |
| ELE V: Effective date, if other effective date is listed, the control or 90 days after the date of the signature of the constitutes an affirm 1 am aware that any | er than the date of filing: |

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)