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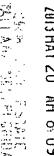
(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	<i>⇒</i> #)
PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:	Registration S Division of Co			
SUBJI	ECT: Prac	tico Media, Ll		, .
		Name of Limit	ed Liability Company	
The en	closed Articles of	f Organization and fee(s) are	submitted for filing.	
Please	return all corresp	ondence concerning this matt	er to the following:	
	John E.	Schaible, III		
			Name of Person	· ·
			Firm/Company	7 20 13
	516 17t	h Ave NE		13 H
			Address	20
	St. Pete	ersburg FL 33	704	3
			y/State and Zip Code	9
	jschaible@	psi-inc.net		
			for future annual report notification)	
For fur	ther information	concerning this matter, please		
Ste	even B. I	Molder, Esq.	_at (610) 250-97	712
	Name	of Person	Area Code & Daytime Telep	
Enclo	sed is a check fo	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	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the	Limited Liability Company	'is:	
Practico Media, LLC			
(!	Must end with the words "Limited L	iabliity Company, "L.L.C.," or "LLC.")	
ARTICLE II - A	Address:		
The mailing addr	ess and street address of the	e principal office of the Limited Liabi	lity Company is:
Principal Office	Address:	Mailing Address:	
516 17th Ave. NE		518 17th Ave. NE	
St. Petersburg, FL 33	70.4		
		St. Petersburg, FL 33704	
ARTICLE III - 1	Registered Agent, Registe	st. Petersburg, FL 33704 ered Office, & Registered Agent's Si egistered Agent. You must designate an individual	ignature: 2013
ARTICLE III - 1 The Limited Liability business entity with a	Registered Agent, Registe Company cannot serve as its own R	ered Office, & Registered Agent's Si egistered Agent. You must designate an individua	
ARTICLE III - 1 The Limited Liability business entity with a	Registered Agent, Registe Company cannot serve as its own R n active Florida registration.)	ered Office, & Registered Agent's Si egistered Agent. You must designate an individua	20
ARTICLE III - 1 The Limited Liability business entity with a	Registered Agent, Registe Company cannot serve as its own R n active Florida registration.) e Florida street address of the John E. Schaible, III	ered Office, & Registered Agent's Si egistered Agent. You must designate an individua	20 AM
ARTICLE III - 1 The Limited Liability business entity with a	Registered Agent, Registe Company cannot serve as its own R n active Florida registration.) e Florida street address of the John E. Schaible, III	ered Office, & Registered Agent's Si egistered Agent. You must designate an individual he registered agent are:	20 AM &
ARTICLE III - 1 The Limited Liability business entity with a	Registered Agent, Registe Company cannot serve as its own R n active Florida registration.) e Florida street address of ti John E. Schaible, III Na 516 17th Ave. NE	ered Office, & Registered Agent's Si egistered Agent. You must designate an individual he registered agent are:	20 AM
ARTICLE III - 1 The Limited Liability business entity with a	Registered Agent, Registe Company cannot serve as its own R n active Florida registration.) e Florida street address of ti John E. Schaible, III Na 516 17th Ave. NE	ered Office, & Registered Agent's Si egistered Agent. You must designate an individual he registered agent are:	20 AM & U9

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:

MGRM	John E. Schaible, III 516 17th Ave. NE	
	St. Petersburg, FL 33704	
		2013 MAY
		MAY
		20
·		Ċ.
(Use attachment if necessary)	#* (13)	6.0
LE V: Effective date, if other than the	ne date of filing: (OPTIONAL)
effective date is listed, the date mu o or 90 days after the date of filing.)	st be specific and cannot be more than five business	days

Signature of a member or 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.)

TOHIU E SCHAIBLE TITE

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)