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T. HAMPTON

COVER LETTER

TO: Registration Section **Division of Corporations** On and On Media Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Dennis Halulko Name of Person On and On Media Firm/Company 5441 NW 121st Ave. Address Coral Springs, FL 33076 City/State and Zip Code dchalulko@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: $_{at}(954) 3939570$ Josh Halulko Name of Person Enclosed is a check for the following amount: □ \$160.00 Filing Fee, □\$155.00 Filing Fee & ■\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) 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 Circle Tallahassee, FL 32301

ARTICLE I - Name: The name of the Limited Liability Company is	s:	
On and On Madia "LLC"		
On and On Media "LLC."		
(Must end with the words "Limited Lial	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
5441 NW 121st Ave.	5441 NW 121st Ave.	
Coral Springs, FL 33076	Coral Springs, FL 33076	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	ed Office, & Registered Agent's itstered Agent. You must designate an individual of the state of	s Signature: idual or another
The name and the Florida street address of the	e registered agent are:	
Dennis Halulko		
Nam	ne	
5441 NW 121st Ave.		
Florida street a	address (P.O. Box NOT acceptable)	
Coral Springs, FL 33076	6 _{FL}	
City,	State, and Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capa all statutes relating to the proper and compl and accept the obligations of my position as	n this certificate, I hereby accept to acity. I further agree to comply w lete performance of my duties, and	he appointment as ith the provisions of l I am familiar with
Registered Agent's Sign		ZOI3 SEP 27 PMI SECRETARY OF STALLAHASSEE, FL

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

Title:		Name and Address:
"MGR" = Ma	anager Managing Member	
MGRM	 -	Dennis Halulko
		5441 NW 121st Ave.
,		Coral Springs, FL 33076
MGRM		Josh Halulko
		11184 NW 46th Dr.
		Coral Springs, FL 33076

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