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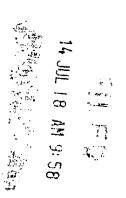
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COVER LETTER

TO: Registratio Division of	n Section Corporations		·
SUBJECT:	PLATINUM Name of Lin	nited Liability Company	LC
The enclosed Article	s of Organization and fee(s) ar	re submitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	SAMUE	Name of Person	giER
	PLATIA	JUM MEDIA, Firm/Company	ue
	7932 G	ULF WAY Address	
	Hubson	s FL 346	67
	Sam Sutma. E-mail address: (to be used	SFL 346 ity/State and Zip Code iel@gmail. I for future angual report notifica	COM
For further informati	on concerning this matter, plea	se call:	
Samuel S	Sutmails at (at (at (8/3 325 Area Code Daytime Te	5826 Icphone Number
Enclosed is a check i	for 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)
<u>M</u> :	ailing Address	Street/Courier Add	res <u>s</u>

Registration Section
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

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
PLATINUM	MEDIA, LLC. ed Liability Company, "L.L.C.," or "L	
(Must end with the words "Limite	ed Liability Company, "L.L.C.," or "L	LC.")
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Compa	ny is:
Principal Office Address:	Mailing Address:	
7932 GUIFWAY HUDSON FL 34667	Same	
34667		
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrat	vn Registered Agent. You must designa	ate an individual or
The name and the Florida street address of the registered	=	
Samuel	C SUTNAILL	
Nan	ne	
Florida street address (P.O. B		
Husson	FL 34667	
City	Zip	
Having been named as registered agent and to accept the place designated in this certificate, I hereby accepacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the accept t	ept the appointment as registered agent as of all statutes relating to the proper a	t and agree to act in this and complete performance
Sand C.	Letwa	
Registered Agent's Sign	nature (REQUIRED)	
(CONTIN	IUED)	
Page i o	r2	8 /#
		\$ \$ \$ \$

Fitle:	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
mGR	SAMUEL C SIGNALER
-	7932 GUIF WAY
	HUD SON FC 34667
	·
Line attachment if necessari)	
	the date of filing: (OPTIONAL) It be specific and cannot be more than five business days prior to or 90 c
EV: Effective date, if other than to	
EV: Effective date, if other than cetive date is listed, the date mus filling.)	
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