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SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Shivers OCT 2.9 2014

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: E-Room Publications, LLC Name of Li	mited Liability Company	
The enclosed Articles of Organization and fee(s) a	are submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Franklin Moore	Name of Person	
	Name of Person	
	Firm/Company	<u> </u>
2930 Randolph Clay Drive	Address	
Hollywood, FL 33024		
	City/State and Zip Code ed for future annual report notifica	tion)
For further information concerning this matter, ple		uon)
Franklin Moore at (954) 275-2787 Area Code Daytime Tel	ephone Number
Enclosed is a check for the following amount:	Area code Daytime Tel	ephone Pulliber
\$125.00 Filing Fee \$\text{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 P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Lim		pany is:		
E-Room Publication	ons, LLC (Must end with the	e words "Limited Li	ability Company, "L.L.C.," or	r "LLC.")
ARTICLE II - Add The mailing address		of the principal offic	ce of the Limited Liability Cor	mpany is:
Principal Office Ad	ldress:		Mailing Address:	
2930 Randolph Cl Hollywood, FL 330			2930 Randolph Clay Dr. Hollywood, FL 33024	
	ty Company canno	t serve as its own Re	Registered Agent's Signatur egistered Agent. You must des	
The name and the FI	orida street address	s of the registered ag	gent are:	
	Mager Dolce	& Paruas, LLC Name		
		od Blvd., First Floaddress (P.O. Box N		
	Hollywood		FL 33020	
		City	Zip	
the place designa capacity. I further	ated in this certifica cagree to comply w I am familiar with	nte, I hereby accept to it! the provisions of and accept the oblig	he appointment as registered a all statutes relating to the prop ations of my position as registe 605, F.S.	per and complete performance
	Kegistei	(CONTINUE)		14 OCT 2 SECRETA
		Page 1 of 2		SS 7

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Franklin Moore
	2930 Randolph Clay Dr.
	Hollywood, FL 33024
	· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
LE V: Effective date, if other than the daffective date is listed, the date must be set of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 da
fective date is listed, the date must be s	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 da
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fective date is listed, the date must be see of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 da
Required Signature of a region of the date must be seed filling.) Required Signature: Signature of a region of the date must be seed filling.)	nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document
REQUIRED SIGNATURE: Signature of a r (In accordance with section constitutes an affirmation un I am aware that any false inf	member or am authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State.
REQUIRED SIGNATURE: Signature of a r (In accordance with section constitutes an affirmation un I am aware that any false inf	nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ider the penalties of perjury that the facts stated herein are true.
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The name and address of each person authorized to manage and control the Limited Liability Company: