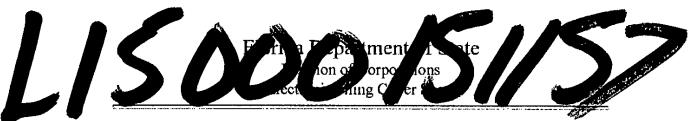
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From: FL 1

JOSEF STRAUSS

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000217191 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : USACORP INC. Account Number : I20130000019 Phone : (718)362-4789 Fax Number : (718)408-2550

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: robertjcaputo@mac.com

FLORIDA LIMITED LIABILITY CO.

Fame Stream Media, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

SEP 1 0 2015

S. GILBERT

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09/09/2015 15:07 (((H150002171913))) From: FL 1

JOSEF STRAUSS

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANSEP -9 PM 12: 07

ARTICLE I - Name: The name of the Limited Liability Company is: TEOR LAND OF THE BA

Mailing Address:

Fame Stream Media, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

	,
c/o Robert J. Caputo	c/o Robert J. Caputo
9500 South Ocean Drive Apt 1006	9500 South Ocean Drive Apt 1006
Jensey Beach El 3/957	Jensen Beach, FL 34957

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Principal Office Address:

Registered Agents Legal Services, LLC
Name

155 Office Plaza Drive, Suite A
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32301

City State Zip

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 605, F.S.

(CONTINUED)

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togistered Agent's Signature (REQUIRED)

09/09/2015	15	07
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From: FL 1 JOSEF STRAUSS

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(((H15000217191 3)))

	Name and Address:
"AMBR" = Authorized Member	
"MGR" - Manager	
AMBR	Shawn P. Rogers
	9500 South Ocean Drive Apt 1006
	Jensen Beach, Fl. 34957
AMBR	Robert J. Caputo
	9500 South Ocean Drive Apt 1006
	Jensen Beach, FL 34957

ective date is listed, the date must be	ate of filing:
EV: Effective date, if other than the determent be detive date is listed, the date must be of filling.)	specific and cannot be more than five business days prior to or 9 ot meet the applicable statutory filing requirements, this date will no
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