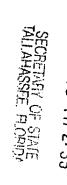


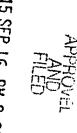
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COVER LETTER

	Registration Section Division of Corporations			
SUBJEC	TheDailyGlam, LLC			
БОВДЕС		of Limited Liabi	lity Company	
The encl	osed Articles of Organization and fe	e(s) are submitte	d for filing.	
Please re	turn all correspondence concerning t	his matter to the	following:	
	Christine A. Rodriguez			
		Name o	f Person	
		Firm/Co	ompany	
	19520 W. St. Andrews Drive			
		Add	ress	
	Miami, FL 33015			
	Thedailyglam@ \ A \ A \ A	-	nd Zip Code	
	<u> </u>	COM	annual report notification)	
			annuai report nounication)	
For further	r information concerning this matter,	please call:		
	Christine Rodriguez	786	556-0204	
	Name of Person	at (Area Code	Daytime Telephone Nun	ber
Enclosed	l is a check for the following amount	:		
	Filing Fee \$130.00 Filing Fee Certificate of Stat	e & \$155.	ied Copy nal copy is enclosed)	160.00 Filing Fee, certificate of Status & ertified Copy litional copy is enclosed)
	Mailing Address		Street Address	
	New Filing Section		New Filing Section	
	Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
	Tallahassee, FL 32314		2661 Executive Center Circ	ele

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPHOVEL AND FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

15 SEP 16 PM 2: 35

The Daily Gam, LLC SECRETARY OF STATE (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:

Principal Office Address:	<u>Mailing Address</u> :
19520 W. St Andrews	19520 W. St. Andrews
Dr. Miani, F1 33019	Dr. Miami, F1 33015
	•

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:

Christine A. Rodriguez

Name

19520 W. St. Andrews Dr.

Florida street address (P.O. Box NOT acceptable)

Miami FL 33015

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..

Registered Agent's Signature (REQUIRED

(CONTINUED)

Page 1 of 2

	FILED
litle: AMBR" = Authorized Mem	ber Name and Address: 15 SEP 16 PH 2:
MGR" = Manager	16 PH 2:
	PAIL AS FRANCES
	THE PLANTAGE OF STATE
7mBR_	Claricanoe A RADIO
TITIDE	19520 W. St. Andrews
	Miami, FL 33015

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