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Office Use Only

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T. SCOTT



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COVER LETTER TO: Registration Section The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/Company ensen & netsco E-mall-address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount: \$130.00 Filing Fee & \$155.00 Filing Fee & Certified Copy \$125.00 Filing Fee \$160,00 Filing Fee,

Mailing Address

New Filing Section
Division of Corporations P O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address

(additional copy is enclosed)

New Filing Section
Division of Corporations Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

Certificate of Status &

Certified Copy (additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Media Ad Partners 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:
Principal Office Address: SIOS Synnydolo (1206 N 8 AMC) Sarasota, 1=234233
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: ERIC JENSEN Name
510 5 Sunny dale Circle N
Script State Zip
laving been named as registered agent and to accept service of process for the above stated limited habiting company at the blace designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I wither agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I im familiar with and accept the obligations of my position as registered egent as proyided for in Chapter 605, F.S
Rigistered Agent's Signature (REQUIRED)

(CONTINUED)

Page I of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	ERIC TENSEN 5105 Summydule Circle Sorasoto, Ph 34233
TMG P	Start - Parker
	800 Edge Water DR Belmont, MC 28012
(Use attachment if necessary) E V: Effective date, if other than the	date of filing: (OPTIONAL)
LE V: Effective date, if other than the fective date is listed, the date must be of filing.)	e specific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be
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LE V: Effective date, if other than the fective date is listed, the date must be of filing.) If the date inserted in this block does unent's effective date on the Department's effective date of the Department's effective date on the Department's effective date of the Department's effective date	e specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be sent of State's records. - when her or an authorized representative of a member. State in a coordance with section 605.0203 (1) (b), Florida Statutes. False information submitted in a document to the Department of State

Page 2 of 2