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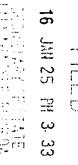
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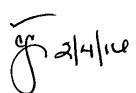
Office Use Only



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COVER LETTER

	Registration Section Division of Corporations	
SUBJE	VIDPOSIUM, LLC	
		f Limited Liability Company
The enc	losed Articles of Organization and fee(s	s) are submitted for filing.
Please re	eturn all correspondence concerning thi	is matter to the following:
	James Fowler	
		Name of Person
	Florida Strategic Alliance, Inc.	
		Firm/Company
	244 Lagoon Drive	
		Address
	Fort Myers, FL 33905	
	President@FloridaStrategic.com	City/State and Zip Code
	E-mail address: (to be u	used for future annual report notification)
For furthe	er information concerning this matter, pl	lease call:
	James Fowler	239 357-6381
		t ()
	Name of Person	Area Code Daytime Telephone Number
Enclose	Name of Person d is a check for the following amount:	
		Area Code Daytime Telephone Number & \$155.00 Filing Fee & \$160.00 Filing Fee,

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

				16 JAN 25 PH 3 33
VIDPOSIUM, LLO	0			
(Must en	d with the words "Limite	d Liability Company	"L.L.C.," or "LLC.")	FAIR AND ELECTION
ARTICLE II - Address:				3000 000 000
The mailing address and street	address of the principal	office of the Limited	Liability Company is:	
<u>Princ</u>	ipal Office Address:		Mailing Addr	ers:
244 Lagoon Drive		244	agoon Drive	
Fort Myers, FL 33	905	Fort	Myers, FL 33905	
·····				
ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an The name and the Florida street	ny cannot serve as its own active Florida registration	n Registered Agent. Yon.)		lividual or
	James Fowler			
	Junios I Owier	Name		
	244 Lagoon Drive			
		ss (P.O. Box <u>NOT</u> ac	ceptable)	
	Fort Myers	FL	33905	
	City	State	Zip	
Having been named as registered place designated in this certificat further agree to comply with the fam familiar with and accept the d	te, I hereby accept the app provisions of all statutes to obligations of my position	oointment as registere elating to the proper	d agent and agree to act i and complete performanc s provide of or in Chapter	in this capacity. I se of my duties, and I
		-		

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	James Fowler
	244 Lagoon Drive
	Fort Myers, FL 33905
<u> </u>	
	- <u>-</u>
(Use attachment if necessary)	
	ffiling: (OPTIONAL)
	et the applicable statutory filing requirements, this date will no 'State's records.
ment's effective date on the Department of EVI: Other provisions, if any.	
nent's effective date on the Department of EVI: Other provisions, if any.	
nent's effective date on the Department of E VI: Other provisions, if any. REQUIRED SIGNATURE:	State's records.
REQUIRED SIGNATURE: Signature of a mem This document is executed I am aware that any false ip	State's records.
REQUIRED SIGNATURE: Signature of a mem This document is executed I am aware that any false in constitutes a third degree fee	ber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Department of State selony as provided for in s.817.155, F.S.
REQUIRED SIGNATURE: Signature of a mem This document is executed I am aware that any false in constitutes a third degree fee	ber or an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Statutes. Deformation submitted in a document to the Department of State elony as provided for in s.817.155, F.S. Typed of printed name of signee
REQUIRED SIGNATURE: Signature of a mem This document is executed I am aware that any false in constitutes a third degree fee	ber or an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.
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